

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 26 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO1000018118

1. Corporation Name Financial Credit Alliance, Inc
5673 Pine Ave
ORANGE PARK FL 32003

REINSTATEMENT 03-04

9/0

2. Principal Office Address <u>5673 Pine Ave</u>		3. Mailing Office Address <u>5673 Pine Ave</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>ORANGE PARK FL</u>		City & State <u>Orange Park FL</u>	
Zip <u>32003</u>	Country	Zip <u>32003</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <u>59-3700088</u>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>MILCA SCHWAB</u>		700028317027	
Street Address (P.O. Box Number is Not Acceptable) <u>5673 PINE AVE</u>		02/06/04-01011-016 **308 75	
Suite, Apt. #, Etc.			
City <u>ORANGE PARK</u>	State <u>FL</u>	Zip Code <u>32003</u>	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Milca Schwab Date 1-25-04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MILCA SCHWAB	5673 PINE AVE	ORANGE PARK FL 32003
VP	MELVYN SCHWAB	3030 MARCOS DR-TRC	AVERTURA FL 33160

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Melca Schwab
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-04 9042693613
Date Daytime Phone #

JAW-2B-011

To Whom it may concern:

Financial Credit Alliance, Inc.
did not receive their Corporation
reinstatement letter. For 2003.

A handwritten signature in cursive script, appearing to read "D. J. [unclear]", with a large loop at the beginning and a long horizontal stroke extending to the right.