

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P01000041648

1. Corporation Name

CREDIT MANAGEMENT SERVICES, INC.

2. Principal Office Address

2260 Palm Beach Lakes Blvd.

3. Mailing Office Address

"same"

Suite, Apt. #, etc.

Suite # 201

Suite, Apt. #, etc.

City & State

West Palm Beach, Fl.

City & State

Zip

33409

Country

U.S.A.

Zip

Country

000036994850
05/21/04--01059--016 **49.50

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

N/A

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Calvin S. Morse

Street Address (P.O. Box Number is Not Acceptable)

8798 Marlamoor Lane

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

000036994850

05/21/04 01059 017 **1009.25

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**

Calvin S. Morse

Date

5/11/04

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. | Calvin S. Morse | 8798 Marlamoor Lane | (Florida) West Palm Beach 33412 |
| V.P. | Timothy Quinn | 5784 Homeland Road | Lake Worth Fl. 33467 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/11/04

Daytime Phone #