

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
Feb 10, 2003 8:00 A.M.
Secretary of State

DOCUMENT # **P01000068115**

1. Corporation Name

GLOBAL CREDIT SYSTEMS, INC

Principal Place of Business

9630 NW 83RD ST
TAMARAC FL 33321

Mailing Address

9630 NW 83RD ST
TAMARAC FL 33321

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

~~8200 W. BROWARD BLVD.~~

SUITE 410

PLANTATION FL

Zip 33324 Country USA

3. New Mailing Office Address, If Applicable

~~8200 W. BROWARD BLVD.~~

SUITE 410

PLANTATION FL

Zip 33324 Country USA



REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FAUBERT, AYN	9630 NW 83RD ST	TAMARAC FL 33321
C/D	DANIEL ABEN	9630 NW 83RD ST	TAMARAC FL 33321
P/D	LARRY HUNT	10907 GOLDEN EAGLE CT	PLANTATION FL 33324
S/D	NICOLE TRAUERT	6245 SW 56TH ST	DAVIE FL 33314

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8. Name and Address of Current Registered Agent

FAUBERT, AYN
9630 NW 83RD ST
TAMARAC FL 33321

9. Name and Address of New Registered Agent

Name

NICOLE TRAUERT

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

8200 W. BROWARD BLVD.

Suite, Apt. #, Etc.

SUITE 410

City

PLANTATION

State

FL

Zip Code

33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 02-07-2003

11. 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]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 954-473-2777
Date Daytime Phone #

CR2E040 (8/02)