

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 28 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075752

1. Corporation Name

Credit Improvement Institute, Inc.

2. Principal Office Address 5849

Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

West Palm Beach, FL

Zip

Country

USA

33417

3. Mailing Office Address

5849 Okeechobee Blvd.

Suite, Apt. #, etc.

Suite 201

City & State

West Palm Beach, FL

Zip

Country

USA

33417

4. Date Incorporated or Qualified
To Do Business in Florida

7/30/01

5. FEI Number

65-1126954

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

Jed A. Stabler

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

5849 Okeechobee Blvd.

Suite, Apt. #, Etc.

Suite 201

City

West Palm Beach

State

FL

Zip Code

33417

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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
Pres.	Richard D. Linderman	5849 Okeechobee Blvd., Ste 201	West Palm Beach, FL 33417
V-Pres.	Jed A. Stabler	5849 Okeechobee Blvd., Ste. 201	West Palm Beach, FL 33417

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

Jed A. Stabler V-Pres.

Date

10/22/02

Daytime Phone #

(561) 471-7100

CR2E081 (9/01)

CREDIT IMPROVEMENT INSTITUTE, INC.

5849 OKEECHOBEE BOULEVARD
SUITE 201
WEST PALM BEACH, FLORIDA 33417

October 22, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

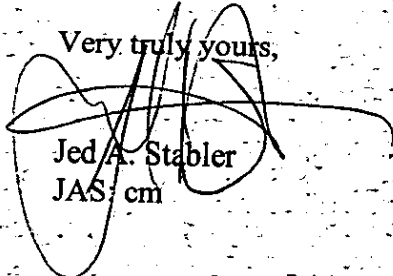
Re: Credit Improvement Institute Inc.
Document # P01000075752

To Whom It May Concern:

Enclosed please find the application for Corporate Reinstatement as well as a check in the amount of \$150. dollars made payable to the Department of State. I was never in receipt of the 2002 Corporation Annual Report. Your records should indicate the same.

If you request any additional information, please contact me.

Very truly yours,



Jed A. Stabler
JAS:cm

TELEPHONE (561) 471-7100 * FAX (561) 640-1720