

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 16 PM 4: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088184

1. Corporation Name

Debt Acceleration Program, Inc.

2. Principal Office Address

11807 Littlestone Court

3. Mailing Office Address

11807 Littlestone Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip
33412

Country
USA

Zip
33412

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2001

5. FFL Number

65-1138229

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
Drennen L. Whitmire Jr.

800075382938

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

660 U.S. Highway One, Third Floor

Suite, Apt. #, Etc.

State
FL

City
North Palm Beach

State
FL

Zip Code
33480

33408

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

Date
05/15/06

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
President	William M. Breland	11807 Littlestone Court	West Palm Bch, FL.33412
Secretary	William M. Breland	11807 Littlestone Court	West Palm Bch, FL.33412
Treasure	William M. Breland	11807 Littlestone Court	West Palm Bch, FL.33412

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 contained in Chapter 119, 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

William M. Breland

05/15/06 561-248-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #