

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000059731**

1. Corporation Name

CREDIT SHIELD COUNSELING SERVICES, INC.

Principal Place of Business

7355 NW 51ST STREET
FORT LAUDERDALE FL 33319

Mailing Address

7355 NW 51ST STREET
FORT LAUDERDALE FL 33319

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/2002

5. FEI Number

043673066

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
P	AMENDOLARO, MARY	7355 NW 51ST STREET	FORT LAUDERDALE FL 33319
S	AMENDOLARO, JAMES P	7355 NW 51ST STREET	FORT LAUDERDALE FL 33319

800023771018
10/14/03--01003--030 **150.00

REINSTATEMENT

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8. Name and Address of Current Registered Agent

AMENDOLARO, MARY
7355 NW 51ST STREET
FORT LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Mary Amendolaro

REGISTERED AGENT MUST SIGN

Date

10/7/03

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:

Mary Amendolaro

MARY AMENDOLARO

Date

10/7/03

Daytime Phone #

9547464496

To Whom It May Concern:

This is to inform you that the Corporation : Credit Shield Counseling Services, Inc. did not receive the two prior uniform business report (UBR) notices.

I am enclosing the Application For Reinstatement along with a check in the amount of \$ 150.00.

Thank You for your cooperation in this matter.

Regards,

A handwritten signature in cursive script, appearing to read "Mary Amendolano".

Mary Amendolano
President
Credit Shield Counseling Services, Inc.