PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR 13 PM 2:40

DOCUMENT # P02000063837

1. Corporation Name

Credit Repair Consultants, Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address		**3.** Mailing Office Address	
15291 NW 60 Ave.		Same as Principal	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc.	
City & State Miami Lakes, FL		City & State	
Zip 33014	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 06/10/2002

5. FEI Number 48-1265526 ☐ 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: Spiegal & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 SW 22 Street

Suite, Apt. #, Etc.: 4th Floor

City: Miami | State: FL | Zip Code: 33145

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: Oscar F. Rubio for the firm Date: 4-12-06

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
PRE	Montes, Alberto M	15291 NW 60 Ave.	Miami Lakes, FL 33014

900073509129
05/01/06--01055--028 **450.00

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: _____ 4/12/06 305-827-3348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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creditrepairconsultants
YOUR CREDIT SPECIALISTS

15291 N.W. 60 Avenue ~ Suite 101 ~ Miami Lakes, Florida 33014
Phone 305-8CREDIT (827-3348) ~ www.expertcreditrepair.com

April 12, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Andy Dunlap

Dear Andy,

As per our conversation, I am requesting that the reinstatement fee be waived as I did not receive the Annual Report for 2004.

Enclosed is the amount you calculated for me of $450.00 in order to reinstate the corporation described in the Corporation Reinstatement form.

Thank you very much for your help.

Sincerely,

Alberto Montes, President