

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAY 13 PM 5:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02 000076031

1. Corporation Name

Household Credit Corp., Inc.

900037292349  
05/25/04--01052--004 \*\*300.00

2. Principal Office Address

7380 Sand Lake Rd

Suite, Apt. #, etc.

500

City & State

Orlando FL

Zip

32819

Country

Orange

3. Mailing Office Address

7380 Sand Lake Rd

Suite, Apt. #, etc.

500

City & State

Orlando FL

Zip

32819

Country

Orange

REINSTATEMENT

83-04

4. Date Incorporated or Qualified  
To Do Business in Florida

7/12/2002

5. FEI Number

☒ 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

Doris Rodriguez

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

1122 Bay meadows Blvd

Suite, Apt. #, Etc.

City

Jacksonville 1

State

FL

Zip Code

32256

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

*Doris Rodriguez*  
REGISTERED AGENT MUST SIGN

Date

5/7/04

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	Ann Cash	7380 Sand Lake Rd #500	Orlando FL 32819

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:

*Ann Cash*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/7/04

Daytime Phone #

CR2E081 (01/04)

2080

**HOUSEHOLD CREDIT CORP, INC.**

I would like to reinstate my corporation—Household Credit Corp, Inc.

We moved our office to Orlando so I never received my notice for the annual fee.

Enclosed is the following:

Application to reinstate  
\$300.00 ( fee for 2 years )  
Articles of Amendment ( to change address )

Thank you for your help!



Ann Cash

7380 Sand Lake Rd  
5th Floor  
Orlando, FL 32819

Phone: 407 460 6305  
Fax: 407 351 6413