

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 182

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 14 AM 8:00

DOCUMENT # **P02000129667**

1. Corporation Name

**UNITED DEBT RELIEF, INC.**

Principal Place of Business

26348 US HWY 19 N.  
CLEARWATER FL 33761

Mailing Address

26348 US HWY 19 N.  
CLEARWATER FL 33761

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

12/10/2002

5. FEI Number

20-0117670

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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | POTTS, MICHAEL                            | 416 PINWOOD DRIVE                                      | OLDSMAR FL 34677        |
| T             | POTTS, NEUY                               | 416 PINWOOD DRIVE                                      | OLDSMAR FL 34677        |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

8. Name and Address of Current Registered Agent

OTENBERGER, JEAN  
3780 TAMPA ROAD  
OLDSMAR FL 34677

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

*Jeane Otenberger* **SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11/6/03

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:

*[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

CR2E040 (7/03)

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**OTENBERGER ENTERPRISES, INC.**

Accounting & Tax Services

3780 Tampa Road, Oldsmar, FL 34677

Phone - 813-855-2081

Fax - 813-855-1705

November 7, 2003

Division of Corporations

Annual Report/Reinstatement Section

P.O. Box 6327

Tallahassee, FL 32314-6327

RE: United Debt Relief, Inc.

ID #20-00117670

2003 UBR

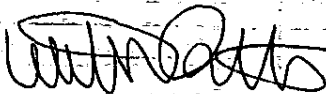
Dear State Representative:

Enclosed please find an Application for Reinstatement for our corporation, along with a check for \$150.00.

We did not receive any Uniform Business Reports for this year so please waive the reinstatement fee.

Thank you for your cooperation.

Sincerely,



Michael Potts

President