

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000123797</b> 1. Entity Name <b>NATIONWIDE CREDIT SERVICES, INC.</b>					
Principal Place of Business <b>8777 SAN JOSE BLVD STE 302 JACKSONVILLE, FL 32217</b>			Mailing Address <b>8777 SAN JOSE BLVD STE 302 JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business <b>8535-6A Baymeadows Road</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>8535-6A Baymeadows Road</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>Jacksonville Florida</b>		City & State <b>Jacksonville Florida</b>		4. FEI Number <b>20-0359141</b>	
Zip <b>32256</b>	Country <b>USA</b>	Zip <b>32256</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>Donald m. DuFresne 8777 San Jose Blvd. # 301 Jacksonville, Florida 32217</b>				7. Name and Address of New Registered Agent Name <b>James R. Dooley</b> Street Address (P.O. Box Number is Not Acceptable) <b>8535-6A Baymeadows Road</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32256</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2005, Fee will be \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DOOLEY, JAMES R 8777 SAN JOSE BLVD STE 302 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Dooley, James R 8535-6A Baymeadows Road Jacksonville, Florida 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DOOLEY, GINA 8777 SAN JOSE BLVD STE 302 JACKSONVILLE, FL 32217	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Dooley, Gina 8535-6A Baymeadows Road Jacksonville, Florida 32256	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400055195214 05/24/05--01065--015 **\$900.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/20/05 (904) 731-1333 <small>Date Daytime Phone #</small>		

FILED  
 05 APR 22 PM 1:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT 04-05**  
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