## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000123797

Entity Name: NATIONWIDE CREDIT SERVICES. INC

FILED Nov 09, 2008 Secretary of State

| Entity Na                                     | me: NATION                            | WIDE CREDIT SERVICES, IN                                                  | C.                                          |                                              |  |
|-----------------------------------------------|---------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| Current Principal Place of Business:          |                                       |                                                                           | New Principal Place                         | of Business:                                 |  |
|                                               | SAYMEADOW<br>IVILLE, FL 32            |                                                                           |                                             |                                              |  |
| Current Mailing Address:                      |                                       |                                                                           | New Mailing Addres                          | New Mailing Address:                         |  |
|                                               | BAYMEADOW<br>IVILLE, FL 32            |                                                                           |                                             |                                              |  |
| FEI Number                                    | : 20-0359141                          | FEI Number Applied For ( )                                                | FEI Number Not Applicable ( )               | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: |                                       |                                                                           | Name and Address of                         | Name and Address of New Registered Agent:    |  |
|                                               | JAMES R<br>BAYMEADOW<br>IVILLE, FL 32 |                                                                           |                                             |                                              |  |
|                                               | e named entity<br>e of Florida.       | submits this statement for the                                            | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATU                                       | RE: JAMESI                            | DOOLEY                                                                    |                                             |                                              |  |
|                                               | Electro                               | nic Signature of Registered Ao                                            | gent                                        | Date                                         |  |
|                                               |                                       | 93(2)(b), F.S., the corporation did r<br>ng Trust Fund Contribution (  ). | not receive the prior notice.               |                                              |  |
| OFFICERS AND DIRECTORS:                       |                                       |                                                                           | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DOOLEY, JAN                           | //EADOWS ROAD                                                             | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DOOLEY, GIN                           | MEADOWS ROAD                                                              | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES DOOLEY PRES 11/09/2008