


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042
CORPORATION
REINSTATEMENT

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **Pd 3000123976**
1. Corporation Name
CONSUMER CREDIT COUNSELING, INC

2. Principal Office Address - No P.O. Box #
112 EAST 5TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

HAVANA, FL

City & State

Zip

32333

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

DIANA PALMER

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

112 EAST 5TH AVE

Suite, Apt. #, Etc.

City

HAVANA

State

FL

Zip Code

32333

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

DIANA PALMER

REGISTERED AGENT MUST SIGN

Date **4-30-2010**

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.	DIANA PALMER	112 E. 5TH AVE. #112	HAVANA, FL 32333

10. E-mail Address: **ccc1.help@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

DIANA PALMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-30-2010

Daytime Phone #

850-539-7283

FILED
10 APR 30 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900180066029
05/03/10--01016--013 **150.00

CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida

11/2003

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.