2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000132906

Entity Name: SOLORZANO CREDIT SERVICES, INC.

FILED Oct 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD

HOMESTEAD, FL 33030 US 1500

PLANTATION, FL 33324 US

Current Mailing Address: New Mailing Address:

443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD **SUITE 1500**

HOMESTEAD, FL 33030 US

PLANTATION, FL 33324 US

FEI Number: 20-2508772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOLORZANO, DOUGLAS SOLORZANO, DOUGLAS 443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD 1500

HOMESTEAD, FL 330304711 US PLANTATION, FL 33324 US

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.

SIGNATURE: DOUGLAS SOLORZANO 10/08/2007

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRFS () Delete Title: PRFS (X) Change () Addition SOLORZANO, DOUGLAS Name: Name: SOLORZANO, DOUGLAS

443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD SUITE 1500 Address: Address:

City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: PLANTATION, FL 33324 US

VΡ Title: VΡ (X) Change () Addition Title: () Delete Name: SOLORZANO, CHRISTINA M Name: SOLORZANO, CHRISTINA M

443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD SUITE 1500 Address: Address:

PLANTATION, FL 33324 US HOMESTEAD, FL 33030 US City-St-Zip: City-St-Zip:

Title: Title: (X) Change () Addition TRFA () Delete TRFA

KUSTER, MERCEDES KUSTER, MERCEDES Name: Name:

443 NE CAMPBELL DRIVE 950 S. PINE ISLAND BLVD SUITE 1500 Address: Address:

City-St-Zip: HOMESTEAD, FL 33030 US City-St-Zip: PLANTATION, FL 33324 US

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: DOUGLAS SOLORZANO **PRES** 10/08/2007

Electronic Signature of Signing Officer or Director

Date