

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000043942

**FILED**  
**Nov 19, 2005**  
**Secretary of State**

**Entity Name:** THE CREDIT DOCTOR OF AMERICA, INC.

**Current Principal Place of Business:**

13930 SW 47 ST  
B-205  
MIAMI, FL 33175 US

**New Principal Place of Business:**

8725 NW 18 TE  
219  
MIAMI, FL 33172 US

**Current Mailing Address:**

13930 SW 47 ST  
B-205  
MIAMI, FL 33175 US

**New Mailing Address:**

8725 NW 18 TE  
219  
MIAMI, FL 33172 US

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

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

SIBLESZ, LANI  
13930 SW 47 ST  
B-205  
MIAMI, FL 33175 US

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

SIBLESZ, LANI  
8725 NW 18 TE  
219  
MIAMI, FL 33172 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: LANI SIBLESZ

11/19/2005

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:**

Title: P ( ) Delete  
Name: SIBLESZ, LANI  
Address: 13930 SW 47 ST #B-205  
City-St-Zip: MIAMI, FL 33175 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SIBLESZ, LANI  
Address: 8725 NW 18 TE 219  
City-St-Zip: MIAMI, FL 33172 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LANI SIBLESZ

P

11/19/2005

Electronic Signature of Signing Officer or Director

Date