2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000080795

LONG, SHAREE

TAMPA, FL 33612 US

12421 NORTH FLORIDA AVE

Name:

Address:

City-St-Zip:

Entity Name: FIRST BOSTON CREDIT, INC

FILED Nov 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 12421 NORTH FLORIDA AVE STE 212 TAMPA, FL 33612 **New Mailing Address: Current Mailing Address:** 12421 NORTH FLORIDA AVE STE 212 TAMPA, FL 33612 US FEI Number: 38-3745106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROBISON, LINDA 3829 NORTHGREEN AVE TAMPA, FL 33624 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: LINDA ROBISON 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: () Delete () Change () Addition BRIDGES, CHELSEA D Name: Name: 12421 NORTH FLORIDA AVE Address: Address: City-St-Zip: TAMPA, FL 33612 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: MCCRAY, ALVIN Name: 12421 NORTH FLORIDA AVE STE 212 Address: Address: TAMPA, FL 33612 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition ROBISON, LINDA Name: Name: 12421 NORTH FLORIDA AVE STE 212 Address: Address: City-St-Zip: TAMPA, FL 33612 US City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: AL MCCRAY PRES 11/06/2006