

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000087229

1. Corporation Name

FRESH START DEBT MANAGEMENT, INC.

2. Principal Office Address - No P.O. Box #

9951 ATLANTIC BLVD.

Suite, Apt. #: etc.

SUITE 313

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

3. Mailing Office Address

PO BOX 17683

Suite, Apt. #: etc.

City & State

JACKSONVILLE, FL

Zip

32245

Country

USA

7. Name and Address of Current Registered Agent

Name

MICHAEL L. CEASER

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

9951 ATLANTIC BLVD.,

Suite, Apt. #: Etc.

SUITE 313

City

JACKSONVILLE, FL

State

FL

Zip Code

32225

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

REGISTERED AGENT MUST SIGN

Date

3/10/08

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
P	MICHAEL L. CEASER	12436 APPLE LEAF DRIVE	JACKSONVILLE, FL 32224
VP	VIOLET WALTON	12436 APPLE LEAF DRIVE	JACKSONVILLE, FL 32224
D	AGNES HEYDINGER	12541 MASTERS RIDGE DRIVE	JACKSONVILLE, FL 32225
D	ALFRED HEYDINGER	12541 MASTERS RIDGE DRIVE	JACKSONVILLE, FL 32225

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: **Violet Walton** VIOLET WALTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/2008

Date

904-723-3555

Daytime Phone #

FILED

2008 MAR 17 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000120418930
03/17/08--01005--012 **1050.00

REINSTATEMENT CR2E081 (12/07) 010-08

4. Date Incorporated or Qualified
To Do Business in Florida 6/17/2005

5. FEI Number
91-2188198

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.

B. Mitchell MAR 17 2008