2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000046198

Entity Name: NATIONAL CREDIT REPAIR CENTER, INC.

FILED Jun 03, 2009 Secretary of State

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

16571 SW 141 AVE. 8260 SW 149 CT MIAMI, FL 33186 **BUILDING 9 - 205** MIAMI, FL 33193

Current Mailing Address: New Mailing Address:

16571 SW 141 AVE. 8260 SW 149 CT **BUILDING 9 - 205** MIAMI, FL 33186 MIAMI, FL 33193

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

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

SANTACRUZ, ANGELA SANTACRUZ, ANGELA 9728 SW 138 AVE 8260 SW 149 CT MIAMI, FL 33186 BUILDING 9 - 205 MIAMI, FL 33193 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: ANGELA SANTACRUZ 06/03/2009

> 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: () Delete SANTACRUZ, ANGELA Name: 9728 SW 138 AVE

City-St-Zip: MIAMI, FL 33186

Address:

Title: VPD () Delete FERNANDEZ, SEVERIANO J Name:

9728 SW 138 AVE Address: MIAMI, FL 33186 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

SANTACRUZ, ANGELA Name:

8260 SW 149 CT BUILDING 9 - 205 Address:

City-St-Zip: MIAMI, FL 33193

Title: VPD (X) Change () Addition FERNANDEZ, SEVERIANO J Name: Address: 12595 SW 137 AV SUITE 110

MIAMI, FL 33186 City-St-Zip:

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: ANGELA SANTACRUZ PD 06/03/2009