

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P08000062286

1. Corporation Name

NATIONAL DEBT Relief services,  
INC.

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

6001 N.W. 153 ST

3. Mailing Office Address

6001 N.W. 153 ST

Suite, Apt. #, etc.

Suite 141

Suite, Apt. #, etc.

Suite 141

City & State

MIAMI LAKES, FL

City & State

MIAMI LAKES, FL

Zip

33014

Country

USA

Zip

33014

Country

USA

400168619954  
02/12/10--01024--002 \*\*150.00  
04/13/10--01007--007 \*\*150.00  
CR2E081 (11/09)

FILED

10 APR 13 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/27/2008

5. FEI Number

26-2882325

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Belinda Villoch

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

6001 N.W. 153 STREET

Suite, Apt. #, Etc.

Suite 141

City

MIAMI LAKES

State

FL

Zip Code

33014

☒ 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.

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

Belinda Villoch

Date 2/8/10

REGISTERED AGENT MUST SIGN

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
<input checked="" type="checkbox"/>	<u>Anthony MARTINEZ</u>	<u>6001 N.W. 153 ST Suite 141</u>	<u>MIAMI LAKES, FL 33014</u>

**REINSTATEMENT 09-10**

10. E-mail Address:

bvilloch@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Anthony MARTINEZ

Anthony MARTINEZ

Date

2/8/10

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR