

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 18 PM 1:07

DOCUMENT # P 37759

1. Corporation Name

BANKRUPTCY AUTHORITIES, INC.

2. Principal Office Address

2120 16th Avenue South

3. Mailing Office Address

Same

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

City & State

Birmingham, AL

City & State

Zip

35205

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/5/92

5. FEI Number

63-0905178

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

Kelley, Samuel W.

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

7309 East Colonial Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32807

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

Samuel W. Kelley

Date

12/14/00

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
Pres.	Samuel W. Kelley	2120 16th Ave. So., #300	Birmingham, AL 35205

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 under section 119.07(3)(i), 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:

Samuel W. Kelley

Samuel W. Kelley, Pres.

12/14/00 (205) 939-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #