

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriniam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 SEP 18 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000015741

1. Corporation Name

CREDIT BUREAU AFFILIATED, INC.

W97-20862

Principal Place of Business

Mailing Address

10590 S.W. 184th TERRACE
MIAMI, FLORIDA 33157

P.O. BOX 570957
MIAMI, FL. 33157

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10590 S.W. 184th TERR.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 570957

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA 33157

City & State

MIAMI, FLORIDA

Zip

33157

Country

U.S.A.

Zip

33157

Country

U.S.A.

REINSTATEMENT 96-97

4. Date Incorporated or Qualified
To Do Business in Florida

FEBRUARY 28, 1994

5. FEI Number

65-0472687

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	EVADNA DELANY	10590 S.W. 184 TERRACE	MIAMI, FLORIDA 33157

000002300230--C
-09/22/97--01171--003
****915.00 ****915.00

8. Name and Address of Current Registered Agent

EVADNA L. DELANY
10590 S.W. 184 TERR.
MIAMI, FL. 33157

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

E. Delany
REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

EVADNA L. DELANY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/97 (305) 238-1666

Date

Daytime Phone #

CR2E040 (12/96)