

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

99 SEP 22 PM 11 58

New Credit File Professionals, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address

Business Mailing Address  
6619 South Dixie Hwy Suite #222  
South Miami, FL 33143 USA

**REINSTATEMENT 98-99**

4. Date Incorporated or Qualified To Do Business in Florida 1/1/93

5. FEI Number  
65-0769079

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

Zip \_\_\_\_\_ Country \_\_\_\_\_

City / State / Zip

Zachary Harris Burton III.

3 (Do NOT Use Post Office Box Numbers)  
66019 South Dixie Hwy. #222  
South Miami, FL 33143

South Miami, FL 33143

200003006192--1  
-10/05/99--01081--014  
\*\*\*900.00 \*\*\*900.00

**9. Name and Address of New Registered Agent**

Zachary Harris Burton III

Address (P.O. Box Number is Not Acceptable)  
6619 South Dixie Hwy. #~~303~~

Suite, Apt. # Etc. 2

City South Miami

State <b>FL</b>	Zip Code <b>33143</b>
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Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 9/19/90

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12 I hereby 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:**

 Zedrick Harris Burton III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/99 305-694-7711  
Date Daytime Phone #