

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000063893

**FILED**  
**Jan 03, 2014**  
**Secretary of State**

**Entity Name:** THE CREDIT DOCTORS OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

1200 BRICKELL BAY DRIVE  
#1410  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 BRICKELL BAY DRIVE  
#1410  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 65-0777477      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

FORNET, ALEXANDER  
1200 BRICKELL BAY DRIVE  
#1410  
MIAMI, FL 33131 US

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

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:** ALEXANDER FORNET

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FORNET, ALEXANDER  
**Address:** 1200 BRICKELL BAY DRIVE #1410  
**City-St-Zip:** MIAMI, FL 33131

I hereby 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 all other like empowered.

**SIGNATURE:** ALEXANDER FORNET

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

01/03/2014

\_\_\_\_\_  
Date