

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 14 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000097214

1. Corporation Name

New START CREDIT SERVICES, INC.

2. Principal Office Address

1093 A1A BEACH BLVD

Suite, Apt. #, etc.

#546

City & State

St. AUGUSTINE BEACH, FL

Zip

32080-6733

Country

USA

3. Mailing Office Address

1093 A1A BEACH BLVD

Suite, Apt. #, etc.

#546

City & State

St. AUGUSTINE BEACH, FL

Zip

32080-6733

Country

USA

REINSTATEMENT

00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/14/97

5. FEI Number

650805381

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

MICHAEL S. BLOOM, ESQ

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

4340 SHERIDAN ST

Suite, Apt. #, Etc.

SUITE 102

City

HOLLYWOOD

State

FL

Zip Code

33021-3512

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

REGISTERED AGENT MUST SIGN

Date

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
D	FONDA MUNTEANU	12815 SW 116 th Street	MIAMI FL 33186
D	ALEX MUNTEANU	12815 SW 116 th Street	MIAMI FL 33186

4/22/04

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:

Alexander S. Munteanu

Alexander S. Munteanu

4/5/04

Date

305-383-2386

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Re: Attachment *2 of 2*
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: New Start Credit Services, Inc.
2. The principal office address: _____
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/14/97 Document number: P97000097214
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MICHAEL BLOOM, ESQ.

901 Northeast 125th Street Suite 109

North Miami FL 33161

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Bloom, Esq.

4340 Sheridan St. Suite 102

(P.O. Box or personal mailbox NOT acceptable)

Hollywood FL 33021-3512

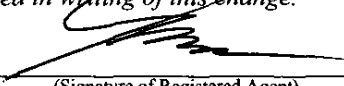
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

(Signature of an officer or director)

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4/5/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314