

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 APR -3 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000002250

1. Corporation Name

ACCELERATED DEBT REDUCTION, Inc.

2. Principal Office Address

3832 NORTH UNIVERSITY DR

Suite, Apt. #, etc.

3. Mailing Office Address

3832 NORTH UNIVERSITY DR.

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

City & State

SUNRISE FLORIDA

Zip

33351

Country

Zip

33351

Country

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

JAN. 2 1998

5. FEI Number

65-0807429

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

ANDY SCHWEITZER

800003203878-0

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

9810 NW 10TH CT.

04/11/00 01098-013

****308.75 ****308.75

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33322

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/29/00

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 |
|--------------|--------------------------------------|---|------------------------|
| OP/D PRES | ANDY SCHWEITZER | 9810 NW 10TH CT. | PLANTATION FL 33322 |
| CEO | STEVEN HAYMON | 12655 NW 17TH PLACE | CORAL SPRINGS FL 33071 |
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REINSTATEMENT 99-00

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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:

Steven Haymon STEVEN HAYMON 3/29/00 954-592-8228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # K71