PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
01 APR 24 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

P98000013494

DOCUMENT #

1. Corporation Name: Credit Management Solutions, Inc REINSTATEMENT 99-01 cwp

400 Indian Rocks Rd

2. Principal Office Address	3. Mailing Office Address
400 Indian Rocks Rd	P.O Box 2024
Suite, Apt. #, etc. "C"	Suite, Apt. #, etc. —
City & State: Bellair Bluffs	City & State: Largo FL
Zip: 33770 Country: Pinellas	Zip: 33779 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 1998

5. FEI Number: 59-3491853 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: X — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

200004212402--2
-05/11/01--01108--005
***1058.75 ***1058.75

Name: Jennifer Marvich

Street Address (P.O. Box Number is Not Acceptable): 11375 Shipwatch Ln

Suite, Apt. #, Etc.: 1837

City: Largo State: FL Zip Code: 33770

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: Jennifer Marvich (Signature of Registered Agent) (Date): 3/31/01

CR2E081 (9/00)

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
President	Jennifer E Marvich	11375 Shipwatch Ln #1837	Largo, FL. 33774
Vice President	Richard L Marvich	11375 Shipwatch Ln #1837	Largo FL. 33774
Manager	L Brent Owens	1621 Gulf Blvd #1105	Clearwater FL 33767

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.

S. PAYNE APR 24 2001

SIGNATURE: Jennifer E Marvich — 727-587-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #