

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 18 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000093057

1. Corporation Name

Credit Rebuilders Inc.

W06000053084

2. Principal Office Address

1145 N. Harbor City Blvd

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

BREVARD

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

USA

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business In Florida

11/02/1998

5. FEI Number

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roy Smith Jr

800082364838

12/07/06--01042--010 ***300.00

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

1145 N Harbor City Blvd

Suite, Apt. #, Etc.

City

Melbourne

State

FL

Zip Code

32935

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 12/5/06

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
P	Roy Smith Jr	1145 N. Harbor City Blvd	Melb. FL 32935

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/5/06

Date

321-254-5355

Daytime Phone #