

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015608

1. Corporation Name

PURE CREDIT, INC.

Principal Place of Business

7289 GARDEN ROAD
SUITE 109
WEST PALM BEACH FL 33404

Mailing Address

7289 GARDEN ROAD
SUITE 109
WEST PALM BEACH FL 33404



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7289 Garden Road
Suite 109

City & State
Riviera Beach, FL

Zip 33404 Country

3. New Mailing Office Address, If Applicable

7289 Garden Road
Suite 109

City & State
Riviera Beach, FL

Zip 33404 Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/15/1999

5. FEI Number

65-0899321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DONOHUE, PAUL JR	402 4TH TERRACE	PALM BEACH GARDENS FL 33418
D	LALWANI, MOHAN	4820 SAND DUNE CIRCLE, #203	WEST PALM BEACH FL 33417
VPD	ANDERSON, SCOTT C	107 SANDAL LANE	PALM BEACH GARDENS FL 33404

5/20/02 90009 019 150.00

Ru/21

8. Name and Address of Current Registered Agent

EAVENSON, BRADLEY
1645 PALM BEACH LAKES BLVD, SUITE 550
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name Paul L. Donohue
Street Address (P.O. Box Number is Not Acceptable)
2100 45th St
Suite, Apt., Etc. B6
City West Palm Beach
State FL Zip Code 33417

CR2EC40 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/25/02

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

881-8384
or 561
844-7333

Daytime Phone #

Please Do Not Remove -

2 of 2

October 28, 2002

Pure Credit, Inc
7289 Garden Road
Suite 109
Riviera Beach, Florida 33404

FL Department of State
Division of Corporations
Annual Report/ Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

RE: P99000015608

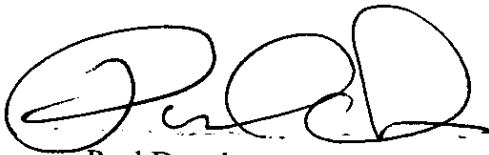
We received a Certificate of Administrative Dissolution or Revocation.

Our office did not receive the rejection letter we were told was sent to us by your office on May 27, 2002, nor did we receive further notice.

We are requesting that you now receive the Application for Reinstatement with the completed information, along with our previous payment ck#1034, 4/22/2002 \$150.00 on file as satisfying our requirement for reinstatement and 2002 renewal and waive the reinstatement fee.

Thank you for your assistance with this matter.

Sincerely,



Paul Donohue
President

Enclosures:2