

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 OCT 22 PM 3: 04

DOCUMENT # **N36391**

1. Corporation Name

CHRISTIAN CREDIT COUNSELORS, INC.

Principal Place of Business

Mailing Address

450 SEMINOLA BLVD
 CASSELBERRY FL 32707

851 SO COAST HWY 101
 ENCINAS CA 92024

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/26/1990

5. FEI Number

59-2991517

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01

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
PD	MCTAGGART, EDWARD J.	2821 ROUNDABOUT LANE	ORLANDO FL
D	MCTAGGART, SONIA J.	2821 ROUNDABOUT LANE	ORLANDO FL
D	RUBENSTEIN, LAVERNE	1287 PRINCE COURT	HEATHROW FL 32746
D	HOLT, EDWIN	679 CRICKLEWOOD TERRACE	HEATHROW FL 32746
			800004670568--9 -11/07/01--01033--027 ****245.00 ****245.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCTAGGART, EDWARD J.
 2821 ROUNDABOUT LANE
 ORLANDO FL 32818

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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.

Signature of Registered Agent

[Signature]
 SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10-15-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-15-01 (760) 602-6428
 Date Daytime Phone #

CR2E040 (801)