


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

**DOCUMENT # P96000026848**

1. Corporation Name  
**FAST TITLE LOANS, INC.**

Principal Place of Business	Mailing Address
2963 GULF TO BAY STE 265 CLEARWATER FL 33759	2963 GULF TO BAY STE 265 CLEARWATER FL 33759

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

**FILED**

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SECRETARY OF STATE  
 FALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida  
**03/21/1996**

5. FEI Number  
**59-3370311**

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
PD	HALL, MICHAEL BRUCE	<del>4604 49TH ST. N.</del> 2963 Gulf to Bay STE 265	<del>ST. PETERSBURG FL 33709</del> Clearwater, FL. 33759
SD	SCHULTZ, FRED	<del>4604 49TH ST. N.</del> 2963 Gulf to Bay STE 265	<del>ST. PETERSBURG FL 33709</del> Clearwater, FL. 33759
CEOD	TURINO, JEFFREY G	<del>4604 49TH ST. N.</del> 2963 Gulf to Bay STE 265	<del>ST. PETERSBURG FL 33709</del> Clearwater, FL. 33759

**REINSTATEMENT** *OL*

8. Name and Address of Current Registered Agent

HALL, MICHAEL B  
 2963 GULF TO BAY  
 STE 265  
 CLEARWATER FL 33759

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc. **900004672659--3**

City **11/08/01** State **01055** Zip Code **021**  
 \*\*\*\*750.00

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]* **REGISTERED AGENT MUST SIGN** Date **10/17/01** *MV*

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]* **REGISTERED AGENT MUST SIGN** Date **10/17/01** Daytime Phone # **727-480-0136**

CR2E040 (8/01)