

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002028

1. Corporation Name

TELCASH-AMERINET, INC.

Principal Place of Business

Mailing Address

~~3 CENTERPOINTE DR~~
~~STE 123~~
~~LAKE OSWEGO OR 97035~~
~~US~~

~~3 CENTERPOINTE DR~~
~~STE 123~~
~~LAKE OSWEGO OR 97035~~
~~US~~

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

2. New Principal Office Address, if Applicable

14715 SW Peachtree Dr.
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

14715 SW Peachtree Dr.
Suite, Apt. #, etc.

City & State

Tigard, OR

City & State

Tigard, OR

Zip

97224

Country

USA

Zip

97224

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1996

5. FEI Number

93-1145706

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	KERLIN, DAVID	14715 SW PEACHTREE DR	TIGARD OR 97210 97224
TD	PROCHNOW, RICHARD	2550 HERITAGE CT #100 918 Inverness Dr.	ATLANTA GA Rancho Mirage, CA 92270

900024895829
11/20/03--01083--023 **750.00

8. Name and Address of Current Registered Agent

QUEVER, CINDY
16807-B US HWY 19 N.
CLEARWATER FL 34624

9. Name and Address of New Registered Agent

Name Sally Smith
Street Address (P.O. Box Number is Not Acceptable)
16807-B U.S. Hwy 19 North
Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33764

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

Sally O. Smue

REGISTERED AGENT MUST SIGN

Date

11/6/03

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:

Glenda E. Hood
SECRETARY OF STATE
DIVISION OF CORPORATIONS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/06/03

Date

503-
579-1823

Daytime Phone #

CR2E046 (7/03)