

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  
DIVISION OF CORPORATIONS

99 NOV -9 AM 11:33

DOCUMENT # F98000005932

1. Corporation Name

AMERICAN COIN BUYERS INC.

Principal Place of Business

110 TOWER SOUTH EAST 6 STR.  
STE 1820  
FT. LAUDERDALE FL 33301

Mailing Address

110 TOWER SOUTH EAST 6 STR.  
STE 1820  
FT. LAUDERDALE FL 33301

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

2. New Principal Office Address, If Applicable

11110 W. Oakland Park Blvd.  
Suite, Apt. #, etc. # 383

New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Surprise FL

City & State

Zip

33351

Country USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1998

5. FEI Number

65-0682421  
NOT APPLICABLE

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
PSTD	SELIGMAN, THOMAS	110 TOWER SOUTH EAST 6 STR. 11110 W. Oakland Park Blvd.	FT. LAUDERDALE FL 33301 #383, Surprise, FL 33351
CVCV	SELIGMAN, THOMAS	110 TOWER SOUTH EAST 6 STR.	FT. LAUDERDALE FL 33301
			500003050035--4 -11/19/99--01082--015 ***750.00 ***750.00
			8/11/16

8. Name and Address of Current Registered Agent

SELIGMAN, THOMAS  
110 TOWER SOUTH EAST 6 STR.  
STE 1820  
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name Stephen M. Hayden (BC Accts. Assn.)  
Street Address (P.O. Box Number is Not Acceptable)  
275 NE 48 Str.  
Suite, Apt. #, Etc.  
City Pompano Beach  
State FL Zip Code 33064

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

REGISTERED AGENT MUST SIGN

Date 11/8/99

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

Date

Daytime Phone #

11/8/99 954-763-3913