

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 SEP -2 PM 3:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # J05602

1. Corporation Name

JACK'S QUICK CASH, INC

Principal Place of Business

Mailing Address

2155 AMERICANA Blvd  
ORLANDO, FL. 32839

600002285036--0

-09/04/97--01090--005

\*\*\*\*923.75 \*\*\*\*923.75

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

JACK'S QUICK CASH, INC

4. Date Incorporated or Qualified  
To Do Business in Florida

3-24-86

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3838 ORLANDO DR

5. FEI Number

59-2653606

Applied For

Not Applicable

City & State

City & State

SANFORD, FL

Zip

Country

Zip

Country

32773

USA

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
President	HERMEN A. CRUZ	3838 ORLANDO DR.	SANFORD, FL. 32773
Vice President	GERALD C. GRENNAN	1411 Edgewater DR Ste 103	ORLANDO, FL. 32804
Secretary TREASURY	MARJORIE J. SHEPARD	1400 S. BAYFRONT	BAILOA ISLAND, CA 92662

REINSTATEMENT

46-97

SL @-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Kenneth F. Oswald  
600 Courtland St. Ste. 110  
ORLANDO, FL. 32804

Name

HERMEN A. CRUZ

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

3838 ORLANDO DR

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

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 8-28-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
GERALD C. GRENNAN

8-28-97

Date

(467)

841-2645

Daytime Phone #

CR2040 (12/96)