

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K65588**

1. Corporation Name

FLORIDA CASH + CARRY, INC.

2. Principal Office Address

59073 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

GRASSY KEY, FLA

Zip

33050

Country

USA

3. Mailing Office Address

11400 OVERSEAS HWY

Suite, Apt. #, etc.

SUITE 105

City & State

MARATHON, FLA

Zip

33050

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/14/1989

5. FEI Number

65-0210291

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARO BOLANOS RUIZ

200004212902

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

11400 OVERSEAS HIGHWAY

-05/11/01--01126--003

*****1800.00 ***1800.00**

Suite, Apt. #, Etc.

SUITE 105

City

MARATHON

State

FL

Zip Code

33050

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **4-26-01**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	R.C. RUIZ	58602 OVERSEAS HWY	GRASSY KEY, FLA 33050
S	CHARO BOLANOS RUIZ	58602 OVERSEAS HWY	GRASSY KEY, FLA 33050

REINSTATEMENT

02-01

F3

10. 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR