

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # M68622

1. Corporation Name

CASH TODAY, INC.

Principal Place of Business

2310 W. WATERS AVE., #F  
TAMPA FL 33604

Mailing Address

2310 W. WATERS AVE., #F  
TAMPA FL 33604

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/10/1988

5. FEI Number

58-1774523

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
P	GARLAND, DAVID	14911 KNOTTY PINE PLACE	TAMPA FL

600003038896--5  
-11/09/99--01009--002  
\*\*\*758.75 \*\*\*758.75

8. Name and Address of Current Registered Agent

GARLAND, DAVID L  
14021 CITRUS POINTE DRIVE  
TAMPA FL 33625

9. Name and Address of New Registered Agent

Name DAVID L GARLAND  
Street Address (P.O. Box Number is Not Acceptable)  
14911 KNOTTY PINE PL  
Suite, Apt. #, Etc.  
City TAMPA  
State FL Zip Code 33625

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

REQUIRED

Date 10-26-99

REGISTERED AGENT MUST SIGN

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

10-26-99

Date

(813) 930-0484

Daytime Phone #

CR02040 (8/99)