

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

DOCUMENT # P00000111277

1. Corporation Name

G T CHECK CASHING, INC.

01 OCT 24 PM 6:19

Principal Place of Business

Mailing Address

1124 BRANDY CREEK DRIVE  
WINTER GARDEN FL 34787

1124 BRANDY CREEK DRIVE  
WINTER GARDEN FL 34787



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

2. New Principal Office Address, If Applicable

1795 East Hwy. 50

Suite, Apt. #, etc.

Ste. B, 1st

City & State

Clermont, FL

Zip

34711

Country

USA

3. New Mailing Office Address, If Applicable

Smalley and Company PA.

Suite, Apt. #, etc.

1517 E Hillcrest St

City & State

Orlando FL

Zip

32803

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

12/04/2000

5. FEI Number

59-3687164

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	AULT, LAWRENCE O	126 OAK VIEW PLACE	SANFORD FL 32773
SD	LACHMANE, LEON	1124 BRANDY CREEK DRIVE	WINTER GARDEN FL 34787

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\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SINGH, YOGMATIE  
1124 BRANDY CREEK DRIVE  
WINTER GARDEN FL 34787

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-19-01 AD

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-19-01

Daytime Phone #

CR2E040 (8/01)

10-19-01

To: Whom it may Concern

I Yogmatie Singh is the secretary of  
GIT Check Cashing Inc. To best of my  
knowledge I never received the first nor  
the second notice annual reports /  
uniform business reports. This is the  
first notice I receive, I spoke to  
representative and they advise me to enclosed  
\$150. paid to the order of Dept of State  
for uniform business report 2001.

Thank You

