

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 AM 10:20

DOCUMENT # P01000007612

1. Corporation Name

CASH IN ADVANCE OF FLORIDA, INC.

SECRETARY OF STATE
JIM SMITH
02/27/03--01059--009 **750.00



Principal Place of Business

1209 UNDERWOOD DR.
JACKSONVILLE FL 32211

Mailing Address

1209 UNDERWOOD DR.
JACKSONVILLE FL 32211

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/2001

Suite, Apt. #, etc.

1204 UNDERHILL DRIVE

Suite, Apt. #, etc.

1204 UNDERHILL DRIVE

City & State

JACKSONVILLE FLORIDA

City & State

JACKSONVILLE FLORIDA

Zip

32211

Country

FLA

Zip

32211

Country

FLA

5. FEI Number

59-3700282

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
D P	DASHER, DEANNA GRIFFIN, Jack	851 OLD FIELD DR. 101 Bristol Place	HINESVILLE GA 31313 Ponte Vedra Bch, FL 32082
D VP	GRIFFIN, CAROLYN Dasher, Alan	13140 EASON ISLAND CT. 17 Deercreek Drive	JACKSONVILLE FL 32224 SAVANNAH, GA 31411

000013165870
03/07/03--01053--006 **150.00

8. Name and Address of Current Registered Agent

PEDEN, YVONNE
1204 UNDERHILL DR.
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

2/25/03

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

2/25/03

Daytime Phone #

904-743-0003

CR2E040 (8/02)