

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 NOV -7 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000046731

1. Corporation Name

INNOVATIVE CASH SOLUTIONS, INC.

Principal Place of Business

11298 DINSMORE DAIRY ROAD
JACKSONVILLE FL 32218

Mailing Address

11298 DINSMORE DAIRY ROAD
JACKSONVILLE FL 32218

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

05/04/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3723106

Not Applicable

Zip

Country

Zip

Country

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
PT	CROSBY, JEANNE J	11298 DINSMORE DAIRY ROAD	JACKSONVILLE FL 32218
VS	CROSBY, RICHARD H	11298 DINSMORE DAIRY ROAD	JACKSONVILLE FL 32218

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CROSBY, RICHARD H
11298 DINSMORE DAIRY ROAD
JACKSONVILLE FL 32218

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

Nov 4, 2002

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

(RICHARD H. CROSBY)

Date

Daytime Phone #

Nov 4, 2002 1-904-6086601

INNOVATIVE CASH SOLUTIONS, INC.

11298 Dinsmore Dairy Road
Jacksonville, FL 32218
Phone: 904-924-9368
Cell: 904-294-7232
Fax: 904-765-4386

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

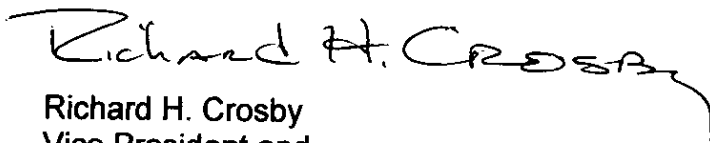
To whom it may concern:

This letter is to serve as the requirement needed stating that we did not receive any UBR notices prior to the re-instatement document.

Enclosed is the fee of \$150.00 for re-instatement.

I will contact this office by phone to determine how to file a Uniform Business Report, since no forms have been received to fill out and being a new corporation, we have not filed previous reports.

Regards,



Richard H. Crosby
Vice President and
Registered Agent
Innovative Cash Solutions, Inc.

MEMBER OF

Member of
Jacksonville Chamber of Commerce and Better Business Bureau
www.innovativecashsolutions.com