

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000062528

1. Corporation Name

CASH TO CLOSE, INC.

Principal Place of Business

Mailing Address

207 MONTEGO INLET BLVD
LONGWOOD FL 32779

207 MONTEGO INLET BLVD
LONGWOOD FL 32779

206 Monterey Isle N.
Longwood FL 32779

206 Monterey Isle N.
Longwood, FL 32779

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

Suite, Apt. #, etc.

206 Monterey Isle N.

Suite, Apt. #, etc.

206 Monterey Isle N.

City & State

Longwood FL

City & State

Longwood FL

Zip

32779

Country

USA

Zip

32779

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/21/2001

5. FEI Number

59-3739188

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/P	OLSON, TREVOR J	207 MONTEGO INLET BLVD 206 Monterey Isle N.	LONGWOOD FL 32779
D	SANTULLO, WADE M	509 VIA FLORENCE DR	APOPKA FL 32712
D	Janice Petteway	206 Monterey Isle N.	Longwood FL 32779

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OLSON, TREVOR J

207 MONTEGO INLET BLVD

LONGWOOD FL 32779

Name

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

206 Monterey Isle N.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32779

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
Trevor Olson

REGISTERED AGENT MUST SIGN

Date

10/30/02

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
Trevor Olson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02

Daytime Phone #

407 788 1073

CR2E040 (8/02)

2052

October 30, 2002

To Whom It May Concern:

I wish to reinstate my corporation Cash to Close, Inc., I have moved twice earlier this year and have never received the 2 prior uniform business reports. Please waive the reinstatement fee and I have enclosed the \$150.00 filing fee. Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'TJ' or 'TJ Olson', with a long horizontal stroke extending to the right.

Trevor Olson
Pres. Cash to Close, Inc.