

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000015922

1. Corporation Name

CASH MONEY OF HILLSBOROUGH, INC.

Principal Place of Business

2310 W. WATERS AVENUE
SUITE F
TAMPA FL 33604

Mailing Address

2310 W. WATERS AVENUE
SUITE 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

02/24/1993

SA

5. FEI Number

59-3180147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 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 PL | TAMPA FL |
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11/89/99-01011-002

****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

REGISTERED AGENT MUST SIGN

Date 10-26-99

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 (813) 930-0484

Date

Daytime Phone #