

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P95000017567**

1. Corporation Name

DOLLARS AND CENTS

Principal Place of Business

Mailing Address

**P.O. BOX 971028
MIAMI, FLA. 33197**

SAME

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

03.03.95

5. FEI Number

65-0645875

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES.	EDWARD PAMPERSAD	2701 S. BAYSHORE DR. #606	MIAMI, FLA. 33133
VICE PRES.	DULCIE PAMPERSAD	2701 S. BAYSHORE DR. #606	MIAMI, FLA. 33133
Sec. 1	ELISA E.R. PAMPERSAD	2701 S. BAYSHORE DR. #606	MIAMI, FLA. 33133
TREAS.			

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **FOY H. HAMMON'S**

HAMMON'S & ASSOCIATES

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

2701 S. BAYSHORE DR.

Suite, Apt. #, Etc.

#606

City

MIAMI

State

Zip Code

FL

33133

10. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **04/28/99**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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)(j), 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: **EDWARD PAMPERSAD**
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. LEWIS JUL 28 1999
07.15.99 (305) 859.9914
Date Daytime Phone #

CR2E081 (12/98)