

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAY -8 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000024369**

1. Corporation Name

ALL Kinds Cashed

2. Principal Office Address

824 6th St. NW.

Suite, Apt. #, etc.

City & State

Winter Haven, FL

Zip

33881

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/24/95

5. FEI Number

59-3351992

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Ken Roberts

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

117 Quailwood Dr.

Suite, Apt. #, Etc.

City

Winter Haven

State
FL

Zip Code

33880

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Kenneth C Roberts

REGISTERED AGENT MUST SIGN

Date

5/6/2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|------------------------|
| P | Kenneth Roberts | 117 Quailwood Dr | Winter Haven, FL 33880 |
| V/M | Cynthia Curtis | 704 Clayton Circle | Winter Haven, FL 33880 |
| | | | |
| | | | |
| | | | |
| | | | |

10. 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)(l), 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:

Cynthia A. Curtis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-6-02

Daytime Phone #

863-293-6284

Biographical Form

This form is required to be filed by every executive officer, director, member, principal, sole proprietor, controlling shareholder(s), and the responsible person who will be in charge of all of the applicant's business activities in this state upon initial application. It shall also be submitted to report any additions of the persons listed above as required by Chapter 560, Florida Statutes.

ALL KINDS CASHED INC.

(Business Name of the Applicant / Registrant)

Section 1 - General Information

Curtis Cynthia Ann Roberts
 (Last) (First) (Middle Name) (Maiden)

704 Clayton Cir Winter Haven FL 33880
 (Residence Number and Street) (City) (State) (Zip Code)

824 6th St NW Winter Haven FL 33881
 (Business Number and Street) (City) (State) (Zip Code)

Residence Telephone #: 863 294-4869 Business Telephone #: 863 293-6284

Date of Birth: 7-26-53 Social Security Number: 263 - 13 - 7975

U. S. Citizen: Yes ☐ No ☐

(If "No", or naturalized citizen less than five years, complete Addendum (1) applicable to non-U.S. Citizens. If naturalized, indicate date of naturalization and certificate number: _____)

Section 2 - Residence History

(In reverse chronological order from age 18 or for the last five years, whichever is shorter.)

| Number and Street | City, Town, Etc. | County | State | From: Mo. / Yr. | To: Mo. / Yr. |
|--------------------|------------------|--------|-------|--------------------|------------------|
| 704 Clayton Circle | Winter Haven | Polk | FL | 3/89 | Present |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Section 3 - Employment Record for Last Five Years

Have you ever been fired or asked to resign? ☐ Yes ☒ No. If yes, attach copies of all supporting documents along with a full explanation

10-2000 - 5-2001 Did not work

| From | To | Name and Address of Employer | Type of Business | Title and Duties | Reason for Leaving |
|--------|---------|--|------------------|--------------------------|--------------------|
| 9-96 | 10-2000 | Communication Ctr. Memorial Blvd | Market Research | Office Manager / payroll | LA 4. At |
| 8-92 | 9-96 | Landmark Christian School, Gaines City, FL | Private School | Bus Driver | needed more money |
| 5-2001 | Present | AKC | Cheek casting | manager | still employed |
| | | | | | |
| | | | | | |