

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

97 JUL 30 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000050545**

1. Corporation Name

CASH AND TITLE, INC.

Principal Place of Business

Mailing Address

**1100 SEAGATE AVENUE Apt 80
NEPTUNE BEACH, FL 3266**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

2021 ART MUSEUM DRIVE

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE # 140

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32207

FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

6/28/95

5. FEL Number

59-3323716

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.	JOHN T. WELDON	1918 SEA OATS DRIVE	ATLANTIC BEACH, FL 32133
V.P.	SEAN J. WELDON	801 2nd ST.	NEPTUNE BEACH, FL 32666
V.P.	JOHN T. WELDON	801 2nd ST.	NEPTUNE BEACH, FL 32666

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*******915.00 *****915.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**SEAN WELDON
1100 SEAGATE AVE. Apt 80
NEPTUNE BEACH, FL 32666**

Name

JOHN T. WELDON

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

2021 ART MUSEUM DRIVE

Suite, Apt. #, Etc.

SUITE #140

City

JACKSONVILLE

State

FL

Zip Code

32207

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

7/28/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #

7/28/97 904-858-9710

CR20040 (12/96)