

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000059139

1. Corporation Name

KING OF LOAN, INC.

Principal Place of Business

2331 STATE ROAD 7  
HOLLYWOOD FL 33021

Mailing Address

2331 STATE ROAD 7  
HOLLYWOOD FL 33021

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

08/01/1995

5. FEI Number

65-0601499

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
PTD	BERNSTEIN, ABRAHAM	2331 STATE ROAD 7	HOLLYWOOD FL 33021

500004911395-3  
-02/12/02--01030--029  
\*\*\*300.00 \*\*\*300.00

8. Name and Address of Current Registered Agent

HAGEN, MAX M  
3990 SHERIDAN STREET  
SUITE 104  
HOLLYWOOD FL 33021

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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:

*Max M. Hagen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/02

Daytime Phone #

CR2ED40 (8/01)



Edward J. Siler, C.P.A., P.A.

Certified Public Accountant

2419 Hollywood Blvd. • Hollywood, FL 33020

Edward J. Siler, C.P.A., P.A.  
January 28, 2002

Dade: (305) 652-8882  
Broward: (954) 920-9450  
Fax: (954) 920-9445

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL. 32314

Dear Sirs:

As a follow up from my telephone conversation with the Department of State earlier today I am sending the Application for Reinstatement along with a check in the amount of \$300.00 for the year 2001 and 2002. The client never received the actual form (Uniform Business Report) for either year.

Please reinstate the company as soon as possible.

Thank you for your cooperation.

Sincerely,

EDWARD J. SILER, C.P.A., P.A.