

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

00 AUG 10 AM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000085357**

1. Corporation Name

21st Century Financial, Inc.

2. Principal Office Address

4441 SE 53rd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 830027

Suite, Apt. #, etc.

City & State

Ocala, FL

Zip

34480

Country

City & State

Ocala, FL

Zip

34483-0027

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/07/95

5. FEI Number

59-3342329

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

Gerald W. McKinney

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

4441 SE 53rd Avenue

Suite, Apt. #, Etc.

City

Ocala

**State
FL**

Zip Code

34480

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**

[Signature of Gerald W. McKinney]

REGISTERED AGENT MUST SIGN

Date 8/7/00

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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
President	Gerald W. McKinney	2631 NE 49th Ct Ocala 34470	Ocala, FL 34470
Secretary	Amy L. Toms	32 Cedar Tree Terrace	Ocala, FL 34472

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*****900.00 ***900.00**

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)(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

Gerald W. McKinney

Date

8/7/00

Daytime Phone #

352-694-2580

CR2E081 (9/99)