

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 97-98  
REINSTATEMENT



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

DOCUMENT # P96000026265

1. Corporation Name

PRONTO CHECKS CASHED, INC.  
1070 LUGO AVENUE  
CORAL GABLES, FL 33156

Principal Place of Business

9764 S.W. 24 STREET  
MIAMI, FL 33165

Mailing Address

1320 S. DIXIE HWY. #220  
CORAL GABLES, FL 33146

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

C/O PEDRO P. DELGADO, CPA  
Suite, Apt. #, etc.

1320 S. DIXIE HWY. #220

City & State

CORAL GABLES, FL

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/20/96

5. FEI Number

65-0654219

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	JORGE R. POVEDA	1070 LUGO AVENUE	CORAL GABLES, FL 33156
VP	MABEL POVEDA	1070 LUGO AVENUE	CORAL GABLES, FL 33156
			3000002421773--6 -02/04/98--01110--007 ****908.75 ****908.75 A. Alan Jan. 27, 1998

8. Name and Address of Current Registered Agent

PEDRO P. DELGADO, CPA  
1320 S. DIXIE HWY. #220  
CORAL GABLES, FL 33146

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

REGISTERED AGENT MUST SIGN

Date 01/26/98

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 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:

JORGE R. POVEDA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/26/98

Date

(305)559-8888

Daytime Phone #

CP2EQ40 (12/96)