

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 OCT 31 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000055482

1. Corporation Name

QUICK CASH TITLE LOANS, INC.

Principal Place of Business

~~918 B PARK AVENUE~~  
~~XAXE PARK XFL 33403~~

Mailing Address

~~X918 X PARK AVENUE X X~~  
~~XAXR PARK XFL 33403 X~~



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

918A PARK AVE

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

918A PARK AVE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/01/1996

5. FEI Number

65-0676010

Applied For

Not Applicable

City & State

LAKE PARK FLA 33403

City & State

LAKE PARK FLA 33403

Zip

Country

PALM BCH

Zip

Country

PALM

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 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
PSD	KEOUGH, ROBERT K	<del>X18 B PARK AVENUE X</del> 918A PARK AVE	LAKE PARK FL 33403
VTD	HANIMAN, MARCUS A	<del>X18 B PARK AVENUE X</del> 918A PARK AVE	LAKE PARK FL 33403
			500002339585--3 -11/05/97--01112--004 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MICHAEL R HANIMAN

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

918A PARK AVE

Suite, Apt. #, Etc.

City

LAKE PARK FLA

State

FL

Zip Code

33403

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 10.30.97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

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:

Marcus A Haniman vpt/tes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MARCUS A HANIMAN VP/TRES

Date

10-30-97

Daytime Phone #

561-844-3341

CR2040 (8/97)