

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000098603

1. Corporation Name

ATL PAYDAY ADVNACE, INC.

Principal Place of Business

Mailing Address

2668 DAVIS BLVD.
NAPLES FL 33104
US

2668 DAVIS BLVD.
NAPLES FL 33104
US

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

12/06/1996

5. FEI Number

59-3422823

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	4 City / State / Zip
D	KOZLOWSKI, BRIAN	9421 TAMMUN TRAIL NORTH 1927 IMPERIAL G.C.B.	NAPLES FL 33103 34110
D	KOZLOWSKI, LORRAINE	9421 TAMMUN TRAIL NORTH 1927 IMPERIAL G.C.B.	NAPLES FL 33103 34110
			200003446832--0 -11/01/00--01051--006 ***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KOZLOWSKI, BRIAN
2668 DAVIS BLVD.
NAPLES FL 34104

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

Brian Kozlowski on Behalf

REGISTERED AGENT MUST SIGN

Date 10-17-2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Brian Kozlowski on Behalf 10-17-2000

1-941-732-8881

ATL Payday Advance Inc.
2668 Davis Blvd.
Naples, Florida 34104
(941) 732-8881 Fax (941) 732-8872

Date: October 17, 2000

TO: Florida Department of State

RE: Notice of Administrative Dissolution or Revocation

To whom it may concern,

In May 2000, we sent in your form and a check for our annual corporation report. After that we where busy closing one of our stores and changing staff. We never followed up on this matter. After further investigation we found the check had never cleared our account.

Upon checking your records you will find that we have never been late in sending our report or fees due.

We are enclosing a check in the amount of \$150.00 along with the form.

We ask that you please waive the penalty for this report.



Sincerely,
Brian Kozlowski
President