

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC 11 AM 11:32

DOCUMENT # P96000101304

1. Corporation Name

MAKES CENTS OF S.W. FLA., INC.

Principal Place of Business

Mailing Address

1719 DEL PRADO BLVD
CAPE CORAL FL 33990
US

1719 DEL PRADO BLVD
CAPE CORAL FL 33990
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

01/01/1997

5. FEI Number

65-0730973

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
PSD	TRUCKS, MOLLY	2222 SE 6TH TERR	CAPE CORAL FL 33990
VTD	TRUCKS, JAY	300 N RUSSELL ST #22	MOUNT PLEASANT MI 48858
			200003510762--0 -12/21/00--01077--015 ****750.00 ****750.00

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
Molly Trucks
Street Address (P.O. Box Number is Not Acceptable)
2222 SE 6th Ter
Suite, Apt. #, Etc.

City
Cape Coral

State
FL

Zip Code
33990

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

Molly Trucks

REGISTERED AGENT MUST SIGN

Date

12/7/00

CR2E040 (8/00)

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)(l), 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

Molly Trucks

Date

12/7/00 (941) 939-7827

Daytime Phone #