

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P97000072482

1. Corporation Name

STOP N GO TITLE LOAN, INC.

Principal Place of Business

Mailing Address

13402 Mini Way

13402 Mini Way

Fort Myers, FL 33905

Fort Myers, FL 33905

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

4. Date Incorporated or Qualified To Do Business in Florida

8/21/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0778090

☒ Applied For

☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	JAMES D. WILLIAMS	13402 Mini Way	Fort Myers, FL 33905
VP	BRIAN SCOTT WILLIAMS	1520 South Capital Street	Pekin, Illinois 61554
S/T	TINA M. WILLIAMS	1520 South Capital Street	Pekin, Illinois 61554

800002570178-2
-06/23/98-01090-018
****\$550.00 ****\$550.00
SL 6-22-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JAMES D. WILLIAMS
13402 Mini Way
Fort Myers FL 33905

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

James D. Williams
REGISTERED AGENT MUST SIGN

Date June 19, 1998

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:

James D. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 19, 1998
Date

941-6942662
Daytime Phone #