

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000012954

1. Corporation Name

FAST PAYCHECK ADVANCE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2963 GULF TO BAY BOULEVARD
SUITE 265
CLEARWATER FL 33759
US

2963 GULF TO BAY BOULEVARD
SUITE 265
CLEARWATER FL 33759
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

02/09/1998

5. FEI Number

59-3522416

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	VALLONE, JOSEPH	2963 GULF TO BAY BOULEVARD SUITE	CLEARWATER FL 33759
VP	SLATER, TOMMY	2965 GULF TO BAY BOULEVARD, SUIT	CLEARWATER FL 33759

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VALLONE, JOE
2963 GULF TO BAY BOULEVARD
SUITE 265
CLEARWATER FL 33759

Name Tommy Slater
Street Address (P.O. Box Number is Not Acceptable)
2963 Gulf to Bay
Suite, Apt. #, Etc.
265
City Clearwater State FL Zip Code 33759

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

Tommy Slater
REGISTERED AGENT MUST SIGN

Date Oct. 15, 2001

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:

Tommy Slater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-15-01 (727) 469-7281

Daytime Phone #

CR2E040 (8/01)