

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039633

1. Corporation Name

CASH APPEAL MULTIMEDIA, INC.

Principal Place of Business

1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

Mailing Address

1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/01/1998

5. FEI Number

65-0831519

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	MCAHON, CASH	1046 MICHIGAN AVE STE 12	MIAMI BEACH FL 33139

900008574009

10/24/02--01089--012 **150.00

BR 10/28

8. Name and Address of Current Registered Agent

MCAHON, CASH
1046 MICHIGAN AVE STE 12
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

CASH APPEAL MULTIMEDIA, INC.

REGISTERED AGENT MUST SIGN

Date

10/22/02

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:

CASH APPEAL MULTIMEDIA, INC.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02 305 622 4102

CR2E040 (8/02)

CASH APPEAL MULTIMEDIA, INC.
1046 MICHIGAN AVENUE SUITE 12
MIAMI BEACH, FL 33139
305-606-5157

October 22, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Cash Appeal MultiMedia, Inc. # P98000039633

Dear Sir or Madam:

As per our conversation with your office, please be advised that Cash Appeal MultiMedia, Inc. never received their 2002 Uniform Business Report from the Florida Department of State or any other paperwork requesting or indicating the actions required to maintain our proper legal standing. We were therefore surprised upon receiving the Application for Reinstatement.

Enclosed please find our Application for Reinstatement and a check for \$150. We respectfully request the \$600 penalty be waived due to reasonable cause as stated above.

If you require any additional information please do not hesitate to contact us.

Sincerely,



Cash McMahon
President