

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

01 OCT 23 AM 11:03

DOCUMENT # P98000045988

1. Corporation Name

M-S CASH DRAWER FLORIDA CORPORATION

Principal Place of Business

Mailing Address

1902 NW 67 PLACE
GAINESVILLE FL 32653

~~19022 NW 64TH AVE~~
~~ALACHUA FL 32615~~



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

05/22/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1902 NW 67 PLACE

5. FEI Number

59-3525218

Applied For

Not Applicable

City & State

City & State

GAINESVILLE FL

Zip

Country

Zip

Country

32653

USA

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
1	2	3	4
D	MASSON, PAUL R	2085 E FOOTHILL BLVD	PASADENA CA 91107

100004673021--3

11/08/01-01072-023

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BURKE, DAVID P
ONE HARBOUR PLACE, SUITE 500
TAMPA FL 33602

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

Paul R. Masson
SIGNATURE REQUIRED

Date

10/22/01

REGISTERED AGENT MUST SIGN

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)(f), 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:

Paul R. Masson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/2001
352/335-3550
Daytime Phone #

CR2040 (8/01)



Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 18, 2001

To the Florida Secretary of State, Division of Corporations:

Due to a change in our mailing address, we did not receive the two previous forwarded notices to file our 2001 Uniform Business Report. We did however, receive the forwarded notice of revocation on October 16.

As requested by your office we are mailing the completed re-instatement application along with a check for \$150.00. M-S Cash Drawer is a reputable company in good standing and in no way would consciously neglect our responsibilities to the State of Florida.

We have taken the necessary measures to make sure incorrect mailing doesn't happen in the future. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to be 'David Roberts', written over a horizontal line.

David Roberts
Director of Operations