

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA SECRETARY OF STATE
DIVISION OF CORPORATIONS



99AR

FILED

99 OCT 19 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000070155**

1. Corporation Name

PAYDAY VENTURES, INC.

Principal Place of Business

~~902 NORTH DALE MABRY HIGHWAY~~
TAMPA FL 33609

Mailing Address

302 NORTH DALE MABRY HIGHWAY
TAMPA FL 33609

This is incorrect



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

2. New Principal Office Address, If Applicable

304 N. Dale Mabry

Suite, Apt. #, etc.

City & State

TPA FL

Zip

33609

Country

FL

3. New Mailing Office Address, If Applicable

304 N Dale Mabry

Suite, Apt. #, etc.

City & State

TPA FL

Zip

33609

Country

FL

4. Date Incorporated or Qualified To Do Business in Florida

08/12/1998

5. FEI Number

59-3526739

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	BETHENOD, GARETT A	302 NORTH DALE MABRY HIGHWAY	TAMPA FL 33609

700003032457--1
-11/02/99--01070--009
*****150.00 ***150.00**

8. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name **Barry MEYERSON**
Street Address (P.O. Box Number is Not Acceptable) **3314 Henderson Blvd #101**
Suite, Apt. #, Etc. **#101**
City **TPA** State **FL** Zip Code **33609**

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

[Signature]

Date **10/12/99**

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)(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.

KE

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99
Date

Daytime Phone #

To whom it may concern,
I spoke to Wendy H. from your ² office, who informed me to write this letter of explanation why my annual report was never filed. As you can see I never received the original Annual Reports because the state of Florida has an incorrect address for my company. I am submitting an application for reinstatement with the correct address and the original filing fee of \$150⁰⁰. Wendy H. explained that her supervisor told her to advise me to submit the reinstatement with the 150⁰⁰ Fee.

Thank you for
taking care of this
matter

Sincerely

P.S. as you can
see this was mailed
to 302 Dale Mabey not
304 Dale Mabey -

Grant (Becthal)