

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 5:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000094393

1. Corporation Name

LAKE WEIR CASH ADVANCE, INC.

Principal Place of Business

13489 SE CR 25
OCKLAWAHA FL 32179

Mailing Address

P.O. BOX 725
OCKLAWAHA FL 32183

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



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

5. FEI Number

59-3543244

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A 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
PRES	George J Albright Jr Physical	P.O. Box 725 13489 SE CR 25	OCKLAWAHA FL 32183
SEC	Agnes E Albright Physical	P.O. Box 725 13489 SE CR 25	OCKLAWAHA FL 32183

900003032979-2
-11/02/99--01090--022
\$\$\$750.00 \$\$\$750.00

LS

8. Name and Address of Current Registered Agent

REESE, PATRICIA A
13489 SE CR 25
OCKLAWAHA FL 32179

9. Name and Address of New Registered Agent

Name Agnes E Albright
Street Address (P.O. Box Number is Not Acceptable) P.O. Box 725
13489 SE CR 25
Suite, Apt. #, Etc.
City Ocklawaha State FL Zip Code 32183

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

Agnes E. Albright
AGNES E. ALBRIGHT

REGISTERED AGENT MUST SIGN

Date 10-22-99

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 118.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George J. Albright, Jr.

Date

Daytime Phone #

10/22/99 352 288-2111