

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 MAR -4 AM 8:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000104536**

1. Corporation Name

**Cash 4 u, Inc.**

2. Principal Office Address

**1529 Arthur ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Hollywood, FL**

City & State

**F**

Zip

Country

Zip

Country

**33020 USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/15/98**

5. FEI Number

**65-0987080**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

**DAN Kennedy**

**400005112474-7**

Street Address (P.O. Box Number is Not Acceptable)

**1529 Arthur ST.**

**-03/18/02--01025--001**

**\*\*\*\*300.00 \*\*\*\*300.00**

Suite, Apt. #, Etc.

City

**Hollywood**

State

**FL**

Zip Code

**33020**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**2/27/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| PRES   | DANIEL Kennedy                       | 1529 ARTHUR ST                                    | Hollywood, FL 33020 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANIEL Kennedy**

Date

**2/27/02**

Daytime Phone #

**954-558-0407**

CR2E081 (9/01)

2 of 2

2/27/02

To Whom it May Concern:

This is my Re-instatement for Corporation, my Corp. was dissolved, because my U.B.R form was sent to the wrong location.

Enclosed please find the \$300 fee to Re-instate  
As per: bbmitchell on 2/22/2002

Thank you



Cr31 4 U. Inc.

P9800.0104 536