

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -1 PM 3:42

DOCUMENT # **P99000005008**

1. Corporation Name

Pay Day INC.

2. Principal Office Address

5936 PEMBROKE RD

Suite, Apt. #, etc.

Hollywood Fl. 33023

City & State

Zip

Country

3. Mailing Office Address

5936 PEMBROKE RD

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

Country

33023

Broward

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/99

5. FEI Number

65-0897270

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

JACQUES RENE

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

6436 Rodman St

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33023

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 **01/31/2001**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OWNER	JACQUES RENE (OWNER)	6436 Rodman St	Hollywood Fl. 33023

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/2001 (954) 963-9094

Date Daytime Phone #

CR2E081 (9/00)