PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P99000021188

1. Corporation Name

BAY CASH ADVANCE, INC.

Principal Place of Business

Mailing Address

20801 NW 2 AVENUE M 20801 MIAM! FL 33169

20801 NW 2ND AVVENUE MIAMI FL 33169



FILED 01 DEC -7 PM 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIBA



If above a	ddresses are incorrect in any way, line th	nrough incorrect in	nformation and e	nter correction below.				
2. New Principal Office Address, If Applicable 3. New Mailing Office Address					A Date Incorporated or Qualified To Do Business in Florida 03/03/1999			
Suite, Apt. #, etc. Suite, Apt. #					5. FEI Number		Applied For	
City & State Ci		City & State	City & State			65-0901731 Not Appli		
Zip	Country	Zip	Co	ountry	6. CERTIFICATI		5 Additional Fee require r a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and	d/or Director (Flo	rida nonprofit co	rporations must list at le	ast 3 directors)			
Title(s)	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City / Sta	te / Zip	
PD	MORTEZAI, RASSOL		20801 NW 2 AVENUE			BOCA RATON FL 33433		
VPD	MORTEZAI, FARIBA MORADI		20801 NW 2 AVENUE			BOCA RATON FL 33433		
				··	00	100047341 12/20/01 01	409	
		·				****550.00	****550.00	
						014	BN 78	
	8. Name and Address of Current	Registered Age	nt		9. Name and	Address of New Registered A	gent	
MORTEZAI, RASSOL				Name				
20 3 01 اه	NW 2 AVENUE 20701 FL 33169 MIG V	NW 2nd	1AV2	Suite, Apt. # Ei-	P.O. Box Number	is Not acceptable)		
	·			City	in the	State FL	Zip Code	
10. I, being	appointed the registered agent of the ab	ove named corpo	oration, am famili	iar with and accept the o	bbligations of Secti	ion 607.0505, F.S.		

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.

SIGNATURE:

REGISTERED AGENT MUST SIGN

Date

Daytime Phone #



BAY CASH ADVANCE INC. Zo7o1 ← 20701 N.W. 2nd AVE MIAMI, FL 33169

S. S.

TO WHOM IT MAY CONCERN,

This letter is to inform you that I did not recieve notice of renewing the coorporation and this is the first time I recieved a letter from you for we dissolution.

Themk your Rase Mouten-