

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
**FILED**  
**Apr 10, 2002 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **P99000048020**

**1. Corporation Name**

**CHECK CITY, INC.**

**2. Principal Office Address**

**1754 TROTTER CT.**

Suite, Apt. #, etc.

**City & State**

**WELLINGTON, FL.**

**Zip**

**33414**

**Country**

**U.S.A.**

**3. Mailing Office Address**

**SAME**

Suite, Apt. #, etc.

**City & State**

**REINSTATEMENT** **CO-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**1999**

**5. FEI Number**

**59-1822947**

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**

**KAY MOSS**

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

**1754 TROTTER CT.**

Suite, Apt. #, Etc.

**City**

**WELLINGTON**

**State**

**FL**

**Zip Code**

**33414**

**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

**Kay Moss**

Date **3/12/02**

REGISTERED AGENT MUST SIGN

**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
PRES.	KAY MOSS	1754 TROTTER CT.	WELLINGTON, FL 33414
			600005328276-4 -04/24/02--01014--001 ***1058.75 ***1058.75

**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:**

**Kay Moss**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/02**

Date

**(561) 333-4895**

Daytime Phone #

CR2E081 (9/01)

**KMT**

3/12/02

To Whom it may concern:

I need to reinstate the Check City, Inc. corporation in order to sell a building that housed the business (Check City). This business was sold in 1999 and I did not realize that the bank put the mortgage of this building in the corporation name. Please note the mailing address is now Wellington instead of Ft. Pierce.

Thank you.

Kay Moss

copy



**FLORIDA DEPARTMENT OF STATE**

**Katherine Harris**  
Secretary of State

March 27, 2002

**CHECK CITY, INC.**  
1754 TROTTER CT.  
WELLINGTON, FL 33414

**SUBJECT: CHECK CITY, INC.**  
Ref. Number: P99000048020

We have received your document for CHECK CITY, INC. and check(s) totaling \$1508.75. However, your check(s) and document are being returned for the following:

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report/uniform business report form. To reinstate, the corporation must submit a completed reinstatement application/annual report/uniform business report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2000 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2002 Annual Report/Uniform Business Report and Supplemental Fee.

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Barbara Mitchell  
Document Specialist

Letter Number: 902A00018459

59-2822947