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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000001653

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV 13 AM 10:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**1. DOCUMENT #** L01000001656

Name and Mailing Address

0009783 01 FP 0.352 **PRSRT H4 0 0615 32940-202500

MONEY PROFESSIONALS GROUP, L.L.C.
6767 WICKHAM RD., STE. 400
MELBOURNE FL 32940-2025

MJM

11/13 2002

CR2E084 (8/02)

**2.** New Mailing Address
1380 SARNO ROAD, SUITE B

City, State, Zip
MELBOURNE, FL 32935

**4.** State/Country of Formation
FL

**5.** Date Organized or Qualified To Do Business in Florida
02/01/2001

Principal Place of Business
~~6767 WICKHAM RD., STE. 400~~
~~MELBOURNE FL 32940~~

**3.** New Principal Place of Business Address
1380 SARNO Rd, SUITE B

City, State, Zip
MELBOURNE FL 32935

**6.** FEI Number
59-3697163

☐ Applied For
☐ Not Applicable

**7.** CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

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

BLANCHARD, WAYNE M
~~6767 WICKHAM RD., STE. 400~~
~~MELBOURNE FL 32940~~

**9. Name and Address of New Registered Agent**

Name
BLANCHARD, WAYNE M.

Street Address (P.O. Box Number is Not Acceptable)
1380 SARNO RD, SUITE B

City
MELBOURNE

FL

Zip Code
32935

**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/5/02
REGISTERED AGENT MUST SIGN

**11.** Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | BLANCHARD, WAYNE M | ~~6767 WICKHAM RD., STE. 400~~ 1380 SARNO RD, SUITE B | MELBOURNE FL ~~32940~~ 32935 |
| MGR | JORDAN, DONNA L | P.O. BOX 12933 | PENSACOLA FL 32576 |
| | | 600003959166 11/13/02--01028--003 **150.00 | |
| | | | |
| | | | |
| | | | |

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/5/02 Daytime Phone # 321-752-5656

Typed or printed name of signing Managing Member/Manager WAYNE M. BLANCHARD