

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

~~REINSTATEMENT~~  
ANNUAL REPORT

FILED

11 JUL -7 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L08000099324

1. Limited Liability Company's Name

Money Shopper LLC

2. Principal Office Address - No P.O. Box #

214 S. Harbor Dr.

3. Mailing Office Address

214 S. Harbor Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holmes Beach, FL

City & State

Holmes Beach, FL

Zip

34217

Country

USA

Zip

34217

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida

10/25/2008

6. FEI Number

364640765

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

Name Brandt Nathan Mathers

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

214 S. Harbor Drive

Suite, Apt. #, Etc.

City

Holmes Beach

State

FL

Zip Code

34217

E-mail Address:

300209723343  
07/07/11--01023--001 \*\*538.75

thebrandtgroup@aol.com

(To be used for future annual report notices)

9. 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

*Brandt Mathers*

Date 7/6/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Brandt Nathan Mathers	214 S. Harbor Drive	Holmes Beach, FL 34217

JB

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

*Brandt Mathers*

Date 07/06/2011

Daytime Phone # 954-612-0800

Typed or printed name of signing Managing Member/Manager Brandt Nathan Mathers