

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
J. Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000013403

Name and Mailing Address

2002 OCT 31 AM 10: 24

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

0004338 01 FP 0,352 \*\*PRSRT T3 0 0615 33433-340799



CASHELP INVESTMENTS, LLC  
7040 W. PALMETTO PK RD #4-188  
BOCA RATON FL 33433-3407

[illegible]

CR2E084 (8/02)

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

Typed or printed name of signing Managing Member/Manager