


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000147222	
1. Entity Name ACCESS TO CASH, INC.	

Principal Place of Business 253 FALLING WATERS DR KISSIMMEE, FL 34759	Mailing Address 253 FALLING WATERS DR KISSIMMEE, FL 34759
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
06 OCT 17 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10052006 REIN-P CR2E098 (11/05)

4. FEI Number 20-3745106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANDO, FRANK 253 FALLING WATERS DR KISSIMMEE, FL 34759	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frank Rando FRANK RANDO 10/7/06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RANDO, FRANK 253 FALLING WATERS DR KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200080928172 10/17/06--01050--001 **\$750.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RANDO, SANTA 253 FALLING WATERS DR KISSIMMEE, FL 34759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Rando FRANK RANDO 10/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

x 10/23