

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 MAR -5 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 451221

1. Corporation Name

MONEY, INC.

Principal Place of Business

1810 6TH ST S.E.  
WINTER HAVEN FL 33880

Mailing Address

P O BOX 2089  
WINTER HAVEN FL 33883

REINSTATEMENT

aw  
96-97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04-29-74

5. FEI Number

59-1546042

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/ST/D	DAVIS, DENNIS G.	223 NASSAU ROAD	WINTER HAVEN FL 33884

000002105140--4  
-03/05/97--01084--005  
\*\*\*\*915.00 \*\*\*\*915.00

8. Name and Address of Current Registered Agent

DAVIS, DENNIS G.  
223 NASSAU RD  
WINTER HAVEN FL 33884

9. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

Suite, Apt. #, Etc. \_\_\_\_\_

City \_\_\_\_\_ State **FL** Zip Code \_\_\_\_\_

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Dennis G. Davis*

REGISTERED AGENT MUST SIGN

Date 2/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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:

*Dennis G. Davis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DENNIS G. DAVIS

2/27/97

Date

(941) 294-3254

Daytime Phone #

CR2E040 (12/96)