

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # F00000000678

01 OCT 17 PM 2:24

1. Corporation Name  
 AMERICAN MONEY CENTERS, INC.

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business: 303 JEFFERSON BOULEVARD, WARWICK RI 02888  
 Mailing Address: 303 JEFFERSON BOULEVARD, WARWICK RI 02888



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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/31/2000	
City & State		City & State		5. FEI Number	
Zip		Country		05-0471849	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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	4 City / State / Zip
CDPS	CASCELLA, KENNETH L	20 BELFIELD DRIVE	JOHNSTON RI 02919
T	CASCELLA, KENNETH L	20 BELFIELD DRIVE	JOHNSTON RI 02919
			600004658166--0
			-10730/01--01003--012
			***150.00 ***150.00
			LS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

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: *Kristen Betzger* KRISTEN BETZGER ASSISTANT SECRETARY  
 REGISTERED AGENT MUST SIGN Date: 10.16.01

11. 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: *Kenneth L. Casella* Kenneth L. Casella 10/15/01 (401) 732-0010  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)



2012

October 15, 2001

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Dear Sir or Madam:

Enclosed please find check No. 7863 for the amount of \$ 150.00 for Corporation reinstatement. This report was not file in a timely manner, because we did not received the first annual report notice. *Per conversation with Sec. of State OK for \$150.00.*

If you have any questions please call me at (401) 732-0010 Ext 748

Sincerely,

Hilde Barrera  
Controller