PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F94000002945**

1. Corporation Name

THE INTERNATIONAL MONETARY EXCHANGE, INC.

Principal Place of Business

Mailing Address

5244 NORTH BAY RD. MIAMI BEACH FL 33140 5244 NORTH BAY RD. MIAMI BEACH FL 33140 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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. Suite, Apt. #, etc. City & State City & State City & State Country Count	-							10	000502 -02/28/02-			
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations with a street Address of Each Officer and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip PD POSTREL, RICHARD 5244 NORTH BAY RD. MIAMI BEACH FL 33140 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Zip		Country	Zip		Countr		_	OF STATUS DESIRED			
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11. Learlify 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 filling	11. I certify	that I am apr	Officer or diractor or the rec	eiver or trustee e	mpowered to e	execute	this application as p	provided for in ch	apter 607 or 617, F.S. I f	urther certify	that when filing	

1. 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 dissorbtion 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 paint 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 digitature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/01

305.865.700

Daytime Phone i

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