

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000002767**

1. Corporation Name

Doral Money, Inc.

2. Principal Office Address  
570 Lexington Avenue

3. Mailing Office Address  
387 Park Avenue South

Suite, Apt. #, etc.  
40th Floor

Suite, Apt. #, etc.

City & State  
New York, NY

City & State  
New York, NY

Zip Country  
10022- USA

Zip Country  
10016 USA

4. Date Incorporated or Qualified  
To Do Business in Florida **May 28, 1999**

5. FEI Number **52-2088039** Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road

Suite, Apt. #, Etc.

City  
Plantation

State Zip Code  
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Assma El-Muhammed Asal-Be*  
REGISTERED AGENT MUST SIGN

Date **7-9-01**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Richard F. Bonini	378 Park Avenue South	New York, NY 10016
Sec.	Richard F. Bonini	378 Park Avenue South	New York, NY 10016
Treas.	Frederick Teed	2863 Cedar Canyon Court	Atlanta, GA 30345
Director	Frederick Teed	2863 Cedar Canyon Court	Atlanta, GA 30345
Director	Jose G. Vigoreaux	570 Berwin Street	San Juan, PR 00920

10. 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:

*Richard F. Bonini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

212-447-9000

Daytime Phone #