PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS EGRM

1. Corporation Name Money Warehouse Mistagge Corp 2. Principal Office Address Most and Street Pike Suite Apt #, etc. 3. Mailing Office Address Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. City & State Country Country Country Country Country Country Norme Marie Kinchman 7. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9. M.T. Vernon Lane Suite, Apt #, etc. City Palm Cogst Resistered Agent Agent accept the obligations of section 607.0503 or 617,0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Directors Name of Officer and/or Directors Officer and/or Directors City / State / State / City	CORPORATION REINSTATEMENT	Sec	FLORIDA DEPARTMENT OF STATE Secretary of State		03 DEC -5 AM 8: 35	
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7. Name and Address of Current Registered Agent Name Daviel Kichman Street Address (P.O. Box Number is Not Acceptable) Gutter Apt. #, Etc. City Falm Cogst State Zip Code FL 32 164 Suite, Apt. #, Etc. City Falm Cogst State Zip Code FL 32 164 State St			Country			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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///26/03 215-357-6500 Date Daytime Phone #