▲ Tear Here ▲ ▲ Tear Here ▲ ▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000013403

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2002 OCT 31 AM 10:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013403

Name and Mailing Address

0004338 01 FP 0.352 **PRSRT T3 0 0615 33433-340799

CASHELP INVESTMENTS, LLC
7040 W. PALMETTO PK RD #4-188
BOCA RATON FL 33433-3407

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
08/09/2001

Principal Place of Business
7040 W. PALMETTO PK RD #4-188
BOCA RATON FL 33433

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
65-1130933
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

FOUQUET, JEAN-CHRISTOPH
23200 CAMINO DEL MAR #304
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name: FOUQUET, JEAN-CHRISTOPHE
Street Address (P.O. Box Number is Not Acceptable): 3715 MYKONOS CT
City: BOCA RATON FL Zip Code: 33487

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Jean-Christophe Fouquet Date: 10/29/02
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FOUQUET, JEAN-CHRISTOPH	7040 W. PALMETTO PK RD #4-188	BOCA RATON FL 33433

500008731615
10/31/02--01077--006 **150.00

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Jean-Christophe Fouquet Date: 10/29/02 Daytime Phone # 561-654-6086

Typed or printed name of signing Managing Member/Manager