

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000030278

Name and Mailing Address

0010163 01 AT 0.292 \*\*AUTO T7 2 0615 33765-342209



THE MONEY POT, LLC  
9 SOUTH ORION AVE.  
CLEARWATER FL 33765-3422

FILED  
03 NOV 21 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

9 SOUTH ORION AVE.  
CLEARWATER FL 33765

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

11/12/2002

6. FEI Number

72-1538454

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

JENSEN, JORGEN  
9 SOUTH ORION AVE.  
CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date Nov 17, 2003

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
MGR	JENSEN, JORGEN	9 SOUTH ORION AVE.	CLEARWATER FL 33765

**REINSTATEMENT 2003**

BK

700024923497  
11/21/03--01033--013 \*\*150.00

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

**SIGNATURE REQUIRED**

Date Nov 17, 2003

Daytime Phone # (727) 442-2451

Typed or printed name of signing Managing Member/Manager

Jorgen Jensen

CR2E034 (7/03)