

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M39444

1. Corporation Name
Money & EGO, INC

Principal Place of Business Mailing Address
350 WEST FLAGLER STREET
Miami, FL 33130

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Dec 1981	
City & State		City & State		5. FEI Number	
Zip		Country		59 2724673	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> See 75 additional fees required for reinstatement of status.	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-08/04/99--01075--016
***1658.75 ***1658.75

REINSTATEMENT 93.00

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP DIR	Dorothy Caplan	350 WEST FLAGLER ST	Miami FL 33130
PRN	S.L. CAPLAN	350 WEST FLAGLER ST	Miami FL 33130

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Keith J. Merrill 1320 S. Dixie Hwy. #280 Coral Gables, FL 33146	Name S.L. CAPLAN		
	Street Address (P.O. Box Number is Not Acceptable) 350 WEST FLAGLER STREET		
	Suite, Apt. #, etc.		
	City Miami	State FL	Zip Code 33130

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 7-27-99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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: _____ Date 7-27-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone 305 374-3426