

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 DEC -6 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 00000000171

1. Corporation Name

Money Yes Inc.

700009383687
12/06/02--01008--003 **758.75

REINSTATEMENT 02

2. Principal Office Address

222 West Highland Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Lakeland, Florida

City & State

Zip

33813

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-3-2000

5. FEI Number

59-3613637

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

Owen T. Castleman

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

119 Elm Court

Suite, Apt. #, Etc.

City

Lakeland

State
FL

Zip Code

33813

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

REGISTERED AGENT MUST SIGN

Date

11/21/02

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	Owen T. Castleman	119 Elm Court	Lakeland FL 33813
V.P.	Charles W. Vines	6928 Conley Drive	Polk City FL 33868

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:

Charles W. Vines CHARLES W. VINES 11/21/02 863-644-6905