PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # POOC	JUU	U034	IJ
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1. Corporation Name

WE CAN LEND.COM, INC.

Principal Place of Business

Mailing Address

1250 E. HALLANDALE BCH BLVD.#603 HALLANDALE FL 33009 1250 E. HALLANDALE BCH BLVD.#603 HALLANDALE FL 33009 FILED

02 JUL 26 PM 1:53

SECRETARY OF STATE TALLAHASSEE FLORIDA



					DEIN	CTATEME	MT //-	17		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					Date Incorporated or Qualified					
2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 412 NE 14 th Ave Suite										
Suite, Apt. # etc. Suite, Apt. # etc.					16 Do Business in Florida 07/20/2000					
Suit	Juli	5001100			5. FEI Number Applied					
City & State	te									
toY	t hauderclale Ft. FL		Country	۶	6.	M	88.75 Additional F			
^{Zip} 333	04 Broward				CERTIFICATE	OF STATUS DESIRED	for a Certificate	of Status		
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)										
Title(s)				et Address of Each er and/or Director		City / State / Zip				
D	BOYLE, MELISSA A	1 250 E. H		ALE BCH BLVD		HALLANDALE FL 33009				
		1012 N	<u>JEIY</u>	Ith Ave,	Suite	Fort Laud	eraale	10		
							3	330f		
					70	00068 4 4 -08/01/02	1007- 0100302	-5 6		
						****900.80	****900	.00		
خيم										
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent				
Name 1										
BOYLE	BOYLE, MELISSA A				MUISSA DOYCE					
1250 E. HALLANDALE BCH BLVD.#603				Street Address (P.O. Box Number is Not Acceptable)			CR2E040 (8/01)			
HALLANDALE FL 33009				Suite, Apt. #, Etc.						
				fort ha	u dero	lale F	L 333(24		
10. I, being	appointed the registered agent of the above named co	orporation, am fa	miliar with	and accept the o	bligations of Secti	ion 607.0505, F.S.				
	_									
Signature o Registered	Agent I WW FW GO I W	AGENT MUST S	SIGN	*		Date 7/24	102			
	that I am an officer or director or the receiver or trustee statement application, the reason for dissolution has be									

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

7/24/02 954557 7642 Date Phone #