

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAY 25 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P000000091925**

1. Corporation Name

GET MONEY RECORDS, INC.

2. Principal Office Address

8259 WINDSOR DR.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

Country

U.S.

3. Mailing Office Address

8259 WINDSOR DR.

Suite, Apt. #, etc.

City & State

MIRAMAR FL

Zip

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

9/26/2000

5. FEI Number

65-1042480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

CLAUDE ANDRE

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

8259 WINDSOR DR.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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 ☒

CLAUDE Andre V.P. Date **5/23/2006**

REGISTERED AGENT MUST SIGN

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
VP/S	CLAUDE ANDRE	8259 WINDSOR DR.	MIRAMAR FL. 33025
P	ROMIAL JACQUES	1550 NW 134 ST	MIAMI FL 33167
			B5/3008
			DS-06
			800076252728
			05/18/06--01015--007 ***458.75

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 contained in Chapter 119, 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:

Claude Andre

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLAUDE Andre V.P.

Date

5/23/06

Daytime Phone #

786-5157477

5-23-06

Page 2 of 2

Department of State

We sincerely request that the reinstatement fee of \$600.00 be withdrawn, as we never received any information of the renewal for the 2004 annual report.

We now have turned over our bookkeeping and business affairs to an accounting firm, and, hopefully, tardiness will be a thing of the past.

We have enclosed the necessary fees for the 2004, 2005, and the 2006 annual reportings as well as the fee for the Certificate of Status, totalling \$458.75.

We thank you in the hope that the reinstatement fee be waived.

Yours truly

Claude Andre FEL Number # 65-1042780

Claude Andre
GET MONEY RECORDS, INC.