


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 MAR 26 PM 7:09 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000018826					
1. Corporation Name CASH CARD WORLDWIDE					
2. Principal Office Address 1215 KENBURY RD.		3. Mailing Office Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BRANDON FL.		City & State			
Zip 33510	Country USA	Zip	Country		
		4. Date Incorporated or Qualified To Do Business in Florida 2-19-2001			
		5. FEI Number 59-3708529		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Name ROBERT T. REINA					
Street Address (P.O. Box Number is Not Acceptable) 1215 KENBURY RD.					
Suite, Apt. #, Etc.					
City BRANDON				State FL	Zip Code 33510
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 <u>[Signature]</u> Date 3/22/04					
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	
(P) President	ROBERT T. REINA	1215 KENBURY RD.		BRANDON, FL. 33510	
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: <u>[Signature]</u> 3/22/04 (813) 681-5155					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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