PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUL 30 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000051045

1. Corporation Name
MoneyMAKERS of Pinellas County, Inc.

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
2424 22ND St. No	2424 22ND St. No.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL.	City & State: St. Petersburg, FL.
Zip: 33713 Country: USA	Zip: 33713 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5-23-01

5. FEI Number: 593720095 ☐ 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: Deborah EVANS

Street Address (P.O. Box Number is Not Acceptable): 2424 22ND Street No

Suite, Apt. #, Etc.:

City: St. Petersburg State: FL Zip Code: 33713

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: [signature] REGISTERED AGENT MUST SIGN Date: 7-29-04

CR2E081 (01/04)

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
PD	Deborah EVANS	2424 22ND St. No St. Petersburg, FL	St. Petersburg, FL 33713
D	Robert W EVANS	2837 21st. Ave No St. Petersburg, FL	St. Petersburg, FL 33713

100040252421
08/17/04--01060--016 **300.00

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: [signature] Deborah EVANS 7-29-04 727-455-5460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #