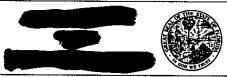
10/2



FLORIDA DEPARTMENT OF STATE

Jim Smith 12

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000062528

1. Corporation Name

Longwood

CASH TO CLOSE, INC.

Principal Place of Business

207 MONTEGO INLET BLVD
LONGWOOD FL 02770

206 Montevey Isle. N.

Mailing Address

100 MONTEGO INLET BLVD

LONGWOOD FL 32779

206 Monterey Isle N.

Longwood, FL 32779

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

206 Monterey Isle N.

City & State

Long wood Fe

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

206 Monterey Isle N.

City & State

Long wood Fe

Zip

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

206 Monterey Isle N.

City & State

Long wood Fe

Zip

32779

Country

USA

11/14/02--01025--009 **150.00

FILED

02 NOV 14 PM 3: 26

SECRETARY OF STATE
TALLAHASSEE, FLORES

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59 - 3739 188

Applied For
Not Applicable

6.
CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Title(s)	Name of Officers	Street Address of Each Officer and/or Director	City / State / Zip
0/0	2	3	4
D/P	OLSON, TREVOR J	206 Monterry Isle N.	LONGWOOD FL 32779
9-	CANTULLO, WADE M	589 VIA FLORENCE DR	APOPKA-FE-82712-
D	Janice Petteway	206 Monterey Isle N.	Longwood Fe 32779
	8. Name and Address of Current Registe	red Agent 9. Name	e and Address of New Registered Agent

OLSON, TREVOR J 207-MONTEGO INLET BLVD - LONGWOOD FL 32779-

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

206 Monterey Isle N. Suite, Apt. #, Etc.

city Long wood

FL Zip Code 32779

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent ADIRE REPRIOROISON

Date __10/30/02

11. 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 filling 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 PLECTIPOZOSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/02

407 788 1073

Daytime F



2052

October 30, 2002

To Whom It May Concern:

I wish to reinstate my corporation Cash to Close, Inc., I have moved twice earlier this year and have never received the 2 prior uniform business reports. Please waive the reinstatement fee and I have enclosed the \$150.00 filing fee. Thank you for your help in this matter.

Sincerely,

Trevor Olson

Pres. Cash to Close, Inc.