

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -2 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000086784**

1. Corporation Name

SAVE CASH AMERICA! INC

2. Principal Office Address

3700 Georgia Ave

Suite, Apt. #, etc.

Suite 15

City & State

West Palm Beach

Zip

33405

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip

Country

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/5/97

5. FEI Number

65-0945846

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

FRANCIS A. FORELLI

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

3700 GEORGIA AVENUE

Suite, Apt. #, Etc.

SUITE 15

City

WEST PALM BEACH

State

FL

Zip Code

33405

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

Francis A. Forelli

REGISTERED AGENT MUST SIGN

Date **5-28-03**

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
PRES.	FRANCIS A. FORELLI	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121
SEC.	MELISSA A. MAHLER	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121
TREAS.	EDWARD M. MANUS	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121
DIR.	FRANCIS A. FORELLI	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121
DIR.	MELISSA A. MAHLER	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121
DIR.	EDWARD M. MANUS	3675 PECOS-MCLEOD ^{STE} 1400	LAS VEGAS NV 89121

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:

Edward McManus/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/03

Date

Daytime Phone #

973-664-1065

CR2E081 (10/02)