

2005 FOR PROFIT CORPORATION REINSTATEMENT

OSRW

FILED

05 NOV -3 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000022498	
1. Entity Name MONEYLINK USA, INC.	



Principal Place of Business 6730 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319	Mailing Address 6730 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319
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2. Principal Place of Business 305 N.E. 2nd Drive	3. Mailing Address 305 N.E. 2nd Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.

10202005 REIN-P CR2E098 (6/04)

City & State HOMESTEAD, FL	City & State HOMESTEAD, FL
Zip 33030	Country USA
Zip 33030	Country USA

4. FEI Number 01-0770358	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AB CONSULTING AND ACCOUNTING SERVICES 6237 MIRAMAR PARKWAY MIRAMAR, FL 33023	7. Name and Address of New Registered Agent Name J. J. Michel & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 305 NE 2nd Drive City Homestead FL Zip Code 33033
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *J. J. Michel* DATE **10/21/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEILLE, GUY E 144 NE 188TH STREET N. MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061137188 11/03/05--01037--014 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAUVET, REGINALD A 12560 SW 34TH PL DAVIE, FL 33330 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800061137188 11/03/05--01037--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JEAN-JOSEPH, CARLO 6730 W. COMMERCIAL BLVD. FT. LAUDERDALE, FL 33319 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHANCY, MYTCHELL 7135 NW 36TH AVE. MIAMI, FL 33147 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Guy Eddy Leveille* DATE **10/20/2005** DAYTIME PHONE # **305-248-6518**
Signature and typed or printed name of signing officer or director