FROCT. 15. 2004 5:02PM (THU)OCT 14 2004 1:07/ST. NO. 7815 P. 3 P 2

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 OCT 25 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300042166663
10/25/04--01088--010 **450.00

REINSTATEMENT

DOCUMENT # P03000104095

1. Entity Name
MONEY CARES, INC.

Principal Place of Business	Mailing Address
13573 KILTIE COURT DELRAY BEACH, FL 33446 US	13573 KILTIE COURT DELRAY BEACH, FL 33446 US

2. Principal Place of Business	3. Mailing Address
14000 Military Trail	
Suite, Apt. #, etc.: 208B	Suite, Apt. #, etc.:
City & State: Delray Beach, Fl	City & State:
Zip: 33484 Country: Palm Beach	Zip: Country:

CR2E098 (6/04)

4. FEI Number: 20-0284444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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 [signature] Susan P. Clark 10/15/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOVINGER, ROBERT 5 LIBERTY LANE MILLER PLACE, NY 11764 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] Robert Lovinger 10-18-04 800-260-4231 x114
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #