

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000105073

1. Entity Name
MANY PENNIES, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 20 AM 8:08

Principal Place of Business
5568 CAMEO DR N
BOCA RATON, FL 33433

Mailing Address
5568 CAMEO DR N
BOCA RATON, FL 33433

REINSTATEMENT 04-05



07052005 REIN-P CR2E098 (6/04)

2. Principal Place of Business
22168 Altona Drive
Suite, Apt. #, etc.

3. Mailing Address
22168 Altona Drive
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip 33428 Country

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Boca Raton, FL
Zip 33428 Country

4. FFL Number
90-0110499

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LONG, ROBERT E
11555 HERON BAY BLVD, STE 200
CORAL SPRINGS, FL 33076

Name
Morris Wurm
Street Address (P.O. Box Number is Not Acceptable)
22168 Altona Drive
City Boca Raton FL Zip Code 33428

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: Morris Wurm
Signature, typed or printed name of registered agent and title if applicable.

Morris Wurm

7/10/2005
DATE

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME GOLDBERG, PENNY B
STREET ADDRESS 5568 CAMEO DR N
CITY-ST-ZIP BOCA RATON, FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME Goldberg, Penny B
STREET ADDRESS 22168 Altona Drive
CITY-ST-ZIP Boca Raton, FL 33428 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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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: Penny B. Goldberg, President 7/10/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #