

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 03000131183

1. Corporation Name

The Money Center Financial Group, Inc.

2. Principal Office Address - No P.O. Box #

360 8th Ave N.

Suite, Apt. #, etc.

#6

City & State

Tierra Verde, FL

Zip

33715

Country

USA

3. Mailing Office Address

P.O. Box 46634

Suite, Apt. #, etc.

City & State

St. Pete Beach, FL

Zip

33741

Country

USA

300111581119
11/01/07--01032--003 **608.75
REINSTATEMENT 04-07

4. Date Incorporated or Qualified
To Do Business in Florida

11/23/03

5. FEI Number

204001928

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
Nathan Hingson

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

360 8th Ave. N.

Suite, Apt. #, Etc.

#6

City
Tierra Verde

State
FL

Zip Code
33715

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nathan W. Hingson
REGISTERED AGENT MUST SIGN

Date 10/31/07

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
President	Nathan W. Hingson	360 8th Ave. N #6	Tierra Verde, FL 33715

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 contained in Chapter 119, 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:

Nathan W. Hingson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/07

Date

813 235-8431

Daytime Phone #

12/6 ad