

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000134201</b> 1. Entity Name <b>INSTANT MONEE, INC.</b>			
Principal Place of Business <b>1000 CORPORATE DRIVE SUITE 320 FT. LAUDERDALE, FL 33334</b>		Mailing Address <b>1000 CORPORATE DRIVE SUITE 320 FT. LAUDERDALE, FL 33334</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>7845 W Sample Rd</b> Suite, Apt. #, etc.	
City & State		City & State <b>Coral Springs, Florida</b>	
Zip	Country	Zip <b>33065</b>	Country
4. FEI Number <b>20-0418293</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>COOK, ROBERT B 17 BAY HARBOR ROAD TEQUESTA, FL 33469</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST BENAVIDES, SANDRA 3109 VISTA DEL MAR MARGATE, FL 33063	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> <b>500067943465</b>  <b>03/16/06--01005--014 **300.00</b> </div>
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
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 exemptions contained in Chapter 119, 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.			
<b>SIGNATURE: x</b>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date		Daytime Phone #	

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 SECRET  
 TALLAHASSEE, FLORIDA



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