


2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVAL
AND
FILED

06 JAN 30 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000035848 1. Entity Name MAXIE CASH INC.	
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Principal Place of Business 5151 PICADDILLY CIRCUS CT ORLANDO, FL 32811	Mailing Address 5151 PICADDILLY CIRCUS CT ORLANDO, FL 32811
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2. Principal Place of Business <i>5151 Picaddilly Circus Ct</i> Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State <i>Orlando FL</i>	City & State	4. FEI Number <i>010612949</i>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip <i>32839</i>	Country <i>USA</i>	Zip	Country



6. Name and Address of Current Registered Agent SANON, CAROLYN 5151 PICADDILLY CIRCUS CT ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name: <i>Janon Carolyn</i> Street Address (P.O. Box Number is Not Acceptable): <i>5151 Picaddilly Circus Ct</i> City: <i>Orlando</i> FL Zip Code: <i>32839</i>
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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: *[Signature]* DATE: *1/20/06*

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), FS, 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	P SANON, CAROLYN	TITLE	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition 200065824900 02/14/06--01024--021 ***308.75
STREET ADDRESS	5151 PICADDILLY CIRCUS CT	NAME	
CITY-ST-ZIP	ORLANDO, FL 32811	STREET ADDRESS	
		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

K. Eckel FEB 01 2006

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.

SIGNATURE: *[Signature]* DATE: *1/20/06* Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR