

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000116708

1. Corporation Name

**PHONE MONEY EXPRESS, INC**

2. Principal Office Address - No P.O. Box #  
**2500 NW 79 AVE**

3. Mailing Office Address  
**860 NE 139 STREET**

Suite, Apt. #, etc.  
**SUITE 279**

Suite, Apt. #, etc.

City & State  
**MIAMI, FL**

City & State  
**N MIAMI, FL**

Zip Country  
**33122 MIAMI DADE**

Zip Country  
**33161 MIAMI DADE**

**7. Name and Address of Current Registered Agent**

Name  
**ROLANDO VALDES**

Street Address (P.O. Box Number is Not Acceptable)  
**860 NE 139TH. STREET**

Suite, Apt. #, Etc.

City  
**N MIAMI**

State Zip Code  
**FL 33161**

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 *Rolando Valdes*

REGISTERED AGENT MUST SIGN

Date *3/7/07*

**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
P	ROLANDO VALDES	860 NE 139TH. STREET	N MIAMI, FL 33161

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: *Rolando Valdes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/7/07*  
Date

Daytime Phone #

**FILED**

**07 MAR 14 AM 6:54**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**800093254678**  
03/16/07--01015--015 \*\*1050.00

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida **08/10/2004**

5. FEI Number  
**36-4558944**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ 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.

**3. Mitchell** MAR 14 2007