

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000146828

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** MONEYCORP LOAN PROCESSING, INC.

**Current Principal Place of Business:**

3501 W VINE STREET  
KISSIMMEE, FL 34741

**New Principal Place of Business:**

3501 W VINE STREET  
SUITE 262  
KISSIMMEE, FL 34741

**Current Mailing Address:**

3501 W VINE STREET  
KISSIMMEE, FL 34741

**New Mailing Address:**

3501 W VINE STREET  
SUITE 262  
KISSIMMEE, FL 34741

**FEI Number:** 30-0281834

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORESTE, KARL A  
633 NE 167TH ST SUITE 901  
N MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

ORESTE, MAURICE  
708 PINCON LANE  
KISSIMMEE, FL 34759 US

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.

SIGNATURE: MAURICE ORESTE

10/05/2006

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ORESTE, KARL A  
Address: 633 NE 167TH ST SUITE 901  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: DV ( ) Delete  
Name: ORESTE, MAURICE  
Address: 708 PINCON LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: S ( ) Delete  
Name: ORESTE, ELEANOR T  
Address: 708 PINCON LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: T ( ) Delete  
Name: ORESTE, MICHELLE P  
Address: 163800 NE 12TH AVE APT 209B  
City-St-Zip: N MIAMI BEACH, FL 33161

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: ORESTE, MAURICE  
Address: 708 PINCON LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: DV (X) Change ( ) Addition  
Name: ORESTE, CHRISTOPHER  
Address: 708 PINCON LANE  
City-St-Zip: KISSIMMEE, FL 34759

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE ORESTE

DP

10/05/2006

Electronic Signature of Signing Officer or Director

Date