

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 OCT 13 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000008190

1. Corporation Name

ANY TIME MONEY, INC

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

3. Mailing Office Address

4588 DEER TRAIL BLVD

4588 DEER TRAIL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

SARASOTA FL

Zip

Country

Zip

Country

34238

US

34238

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/18/2005

5. FEI Number

Applied For

202182496

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

ADAM CARTER

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

4588 DEER TRAIL BLVD

Suite, Apt. #, Etc.

City

State

Zip Code

SARASOTA

FL

34238

900265366169
10/13/14--01013--013 **1350.00

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

Adam Carter

Date

10/10/14

REGISTERED AGENT MUST SIGN

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	ADAM CARTER	4588 DEER TRAIL BLVD	SARASOTA FL 34238

10. E-mail Address: ADAMRETRAC@HOTMAIL.COM

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Adam Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/14

Date

312-399-2397

Daytime Phone #