

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -3 PM 3: 02

DOCUMENT # P06000105211

1. Corporation Name

LOAN APPS ON DEMAND, INC.

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2. Principal Office Address - No P.O. Box # 7500 NW 25 ST		3. Mailing Office Address	
Suite, Apt. #, etc. Suite 220		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33122	Country USA	Zip	Country

REINSTATEMENT 08-09

4. Date Incorporated or Qualified To Do Business in Florida 8/11/2006...	
5. FEI Number 223941625	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name HUMBERTO GONZALEZ			
Street Address (P.O. Box Number is Not Acceptable) 7500 NW 25 ST			
Suite, Apt. #, Etc. SUITE 220			
City MIAMI	State FL	Zip Code 33122	

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.

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12/07/09--01016--022 **300.00

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 _____ Date 12-2-09

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
PSD	HUMBERTO GONZALEZ	7500 NW 25 ST, SUITE 220	MIAMI, FL 33122

10. E-mail Address: BERTG@MONEYTREEUSA.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., 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.

SIGNATURE: _____ HUMBERTO GONZALEZ 12-2-09 305-992-4769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #