



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000118637 1. Entity Name CASH FLOW, INC.						FILED 07 NOV 27 PM 4: 56 OFFICE OF THE CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6924 SW 45TH AVENUE GAINESVILLE, FL 32608 <i>Changed</i>		Mailing Address P.O. BOX 141331 GAINESVILLE, FL 32614 <i>Changed</i>		3410 GALT OCEAN DR. FT. LAUDERDALE, FL. 33308 <i>Same</i>		 REINSTATEMENT 11192007 REINSTATE GR2E098 (1/07) 07	
2. Principal Place of Business - No P.O. Box # 3410 GALT OCEAN DR.		3. Mailing Address Suite, Apt. #, etc. # 207 N		City & State FT. LAUDERDALE, FL.			
Zip 33308		Country USA		4. FEI Number Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SHEPARD, KATHY E 6924 SW 45TH AVENUE GAINESVILLE, FL 32608 3410 GALT OCEAN DR. # 207 N FT. LAUDERDALE, FL. 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Kathy E. Shepard</i> DATE 11-19-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete SHEPARD, KATHY E P.O. BOX 141331 3410 OCEAN DR # 207 N GAINESVILLE, FL 32614 FT. LAUDERDALE, FL. 33308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500112596575 11/27/07--01012--006 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete SHEPARD, KATHY E P.O. BOX 141331 Same GAINESVILLE, FL 32614			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete SHEPARD, KATHY E P.O. BOX 141331 Same. GAINESVILLE, FL 32614			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 12/1/28			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 employment.							
SIGNATURE: <i>Kathy E. Shepard</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				11-19-07 352-514-9732 <small>Date Daytime Phone #</small>			