


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000072205					
1. Corporation Name 523-CASH INC					
2. Principal Office Address 1337 NE 12 AVE			3. Mailing Office Address PO BOX 7624		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FORT LAUDERDALE			City & State FT LAUD, FL		
Zip 33301	Country USA	Zip 33338	Country USA		

FILED

02 FEB 25 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified To Do Business in Florida 9/18/95	
5. FEI Number 650610297	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name ANDERSON, Sherry		
Street Address (P.O. Box Number is Not Acceptable) 1337 NE 12 AVE		
Suite, Apt. #, Etc.		
City FORT LAUD	State FL	Zip Code 33304

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

ANDERSON, Sherry
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
PO	ANDERSON, Sherry	1337 NE 12 AVE	FT. LAUDERDALE, FL 33304
VD	WILDE, MARIANNE	1337 NE 12 AVE	FT. LAUD, FL 33304

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 under section 119.07(3)(i), 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:

Sherry Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/02 954-523-2274

CR2E081 (9/01)