

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 APR -8 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000050462

1. Corporation Name

MONEYSAVERS INTERNATIONAL, INC.

2. Principal Office Address

850 N.W. 71st STR.

Suite, Apt. #, etc.

MIAMI

City & State

MIAMI, FLA.

Zip

33150

Country

U.S.A.

3. Mailing Office Address

5001 COLLINS AVE

Suite, Apt. #, etc.

APT 3B

City & State

MIAMI BEACH, FLA.

Zip

33140

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

6-09-97

5. FEI Number

65-0759338

Applied For

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

LESLIE L. KATZ

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

5001 COLLINS AVE

Suite, Apt. #, Etc.

APT. 3B

City

MIAMI BEACH

State

FL

Zip Code

33140

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

Leslie L. Katz

Date

APR 5 - 2002

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
PRES.	LESLIE L. KATZ	5001 COLLINS AVE	MIAMI BEACH, FL 33140
SECV	ELIZABETH KATZ	5001 COLLINS AVE	MIAMI BEACH, FL 33140

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:

Leslie L. Katz

LESLIE L. KATZ, Pres.

Date

4-5-02 305-861-8793

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR


MONEYSAVERS INTERNATIONAL, INC.
5001 COLLINS AVE. #3B.
MIAMI BEACH, FL. 33140

TO WHOM IT MAY CONCERN

TO: DEPTMT OF STATE OF FLORIDA
DIV. OF CORPORATIONS

I LESHE L. KATZ, PRES. OF MONEYSAVERS INTNL INC

HEREBY STATE, THAT DURING LAST YEAR I NEVER RECEIVED THE FORMS FOR
REPORTING. I HEREBY RESPECTFULLY ASK FOR WAIVING THE
PENALTY.

SINCERELY YOURS
LESHE L. KATZ, PRES. OF
MONEYSAVERS INTNL INC.


MIAMI BEACH K-5-02