

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 30 PM 12:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P97000079154

1. Corporation Name

AMERICAN MONEY TRANSFER OF MIAMI, INC.

REINSTATEMENT

2. Principal Office Address

1670 NW 36TH STREET

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33142

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0791347

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

800023453898

09/30/03--01093--005 **758.75

7. Name and Address of Current Registered Agent

Name

GEOVANA GUZMAN

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

140 NW 190 STREET,

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33169

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

Geovana Guzman

Date 9/22/2003

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	GEOVANA GUZMAN	140 NW 190 STREET	MIAMI, FL 33169
V.P	MARIA TAVERAS	16 RENIE LN	BLAUVELT, NY 10913
SEC	YESMIN TEJEDA	198 PARK ST	RIDGEFIELD PARK, NJ 07660

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:

Geovana Guzman

9/22/2003

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (10/02)

7/10/1