DI EASE DEAD AL	L INSTRUCTIONS BEFORE C	OMDLETING THIS EODM
APPLICATIONA FORM	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State	}
REINSTATEMENT	DIVISION OF CORPORATIONS	FILED
DOCUMENT # P98000014445 1. Comporation Name		99 MAR 15 AM 9: 54
SMALL MONEY MEN, INC.		JACUALIANT OF STATE TALLAMASSEE, FLORIDA
	Mail ng Address	t tähitäh lis ihid talik sani dani dani dani dalik dibis dibis dibis dibis
· · · · · · · · · · · · · · · · ·	50 S DIXIE HWY 30CA RATON FL 33432	20.652
1031 KREEZEWAY HACE	h incorrect information and enter correction below. New Mailing Office Address: If Applicable P. BR3 272W0Y P. Buite, Apt. #, etc.	4. Date incorporated or Qualified to Do Business in Florida 02/26/1997 5. FEI Number 3.20 Applied For
City & State RECH RATOW Zip 33428 Country Thum Grack 7. Names and Street Addresses of Each Officer and/or I	ip 8 State ROCK RATOW FC Country Phun B4ACV Director (Florida nonprofit corporations must list at lea	6 CERTIFICATE OF STATUS DESIRED Status Applied For Not Applicable for a Certificate of Status Status
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No	City / State / Zip
D SWEENEY, PATRICK S	750 S DIXIE HWY 440 SCI	W CA DR BOOM RATON FL 33432 (NISC
D SWEENEY, PETER W	6002 N OSEAN BLVD 10.3/11 LIC 48.29.WA/	
D BROWN, JEFFREY M	750 S DIXIE HWY	BOCA RATON FL 33432
O SWEENEY, THOMAS	5000 W 76TH ST	BLOOMINGTON MN 55436
D GOLDEN, STEVE	150 S Day a Vary	5 (200) (1 (3) 43) (1
8. Name and Address of Current Registered Agent 9. Name and Address of Surgery stered Agent ** 4900. 75. Name Parcare W. Surgery & Surg		
TO S DIXIE HWY BOCA RATON FL 33432 Street Address (P.O' Box Number is Not Acceptable)		
10. I, being appointed the registered agent of the above named of poration, am familiar with and accept the obligations of Section 607.0505 F.S. State Zip Code FL 3 3428		
Signature of Registered Agent Date Date Date Date		
1). This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (See other side for information on intangible tax.)		
12. Lectify 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 hy signature shall habe the same legal effect as if made under oath		
SIGNATURE: SIGNATURE AND TYPED OR PRINTER HAMP OF SIGNING OFFICER OR/DIRECTOR (1 do Oaytere Place #		