## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PORATI STATEM				5	Secretary	TMENT OF S y of State orporations	TATE			FIL MAY 31	PH		
DOCUMENT # P98000103362  1. Corporation Name  J&J Cash Management Company, Inc.										iALL	NETAKY AHASSE	or S E, FL	TATE ORIDA	
2. Principal Office Address  2208 Hillcrest Street  Suite, Apt. #, etc.  150  City & State Orlando, Florida  Zip Country  32803 U.S.A.				3. Mailing Office Address  2208 Hillcrest Street  Suite, Apt. #, etc.  150  City & State  Orlando, Flörida  Zip  Country  32803  U.S.A.				4. Date incorporated or Qualified To Do Business in Florida  5. FEI Number  6. CERTIFICATE OF STATUS DESIRED  S8.75 Additional Fee required for a Certificate of Status						
	7. Name and Address of Current Registered Agent  Name  John T. Cash, Jr.  Street Address (P.O. Box Number is Not Acceptable)  2208 Hillcrest Street  Suite, Apt. #, Etc.  150  City  Orlando  State Zip Code 32803													
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														
9. Names	and Street Ad	ddresses	of Each (	Officer and	l/or Director (Flo	orida nonpro	ofit corporations mu	st list at le	ast 3 directors)			<u></u>		
Titles	Name of Officers and/or Directors				Street Address of Eac Officer and/or Directo									
D D	John T. Cash, Jr. John T. Cash, III				2208 Hillcrest St Suite 150 2208 Hillcrest St Suite 150			t Str		Orlando, FL 32803 Orlando, FL 32803				
											R	b/3		
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.  SIGNATURE  SIGNATURE  Date  Da														
SIGNAT		GNATOR		ED OR PR	INTED NAME OF	SIGNANG OF	FICER OR DIRECTO	rp. + c	SILS FERENALY	Date		Daytim	e Phone # X	T303

May 4, 2005

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: J & J Cash Management, Inc. #P98000103362

Dear Sir or Madam:

We have enclosed a reinstatement form for J & J Cash Management, Inc. (59-3546916), along with a payment of \$450 for the years 2003, 2004 and 2005.

J & J Cash Management, Inc.'s corporate status was administratively dissolved on September 19, 2003 due to the non-filing of its 2003 annual report. We did not receive the 2003 annual report and, therefore, failed to file it. We believe the failure to receive the 2003 annual report was due to an incorrect address entered upon our submission of a change of address on our 2002 annual report. Attached is a copy of our 2002 annual report which shows our address change to 11 South Bumby Avenue, Suite 150, Orlando, Florida 32803. We have also attached a copy of the online report which has our corporate address as "US HWY AVE," which is incorrect.

We request that the corporate status of J & J Cash Management, Inc. be reinstated effective immediately and, that any and all late fees that would be assessed be waived.

Thank you for your cooperation with this matter.

Sincerely,
John T. Cash, III
Director