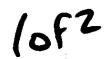
PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



954-558-

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P98000104536 **DOCUMENT #**

1. Corporation Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Cash 4 U, Inc.

FILED 02 MAR -4 AM 8: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

\					
2. Principal Office Address	al Office Address 3. Mailing Office Address				
1529 Arthur ST			j		
Suite, Apt. #, etc. Suite, Apt.		2.		····	,
			4. Date Inco	proprieted or Qualified 12/15	92
City & State	City & State	City & State			
LOUWWOOD FI	- F	<u> </u>	5. FEI Numb	098-7080	Applied For Not Applicable
Zip Country	Zip	Country	6.	58.75 Add	ditional Fee required
33020 USA		۷.	CERTIFICAT		ertificate of Status
	7. Nam	ne and Address of Current R	legistered Agent		I
Name	2000	1	.a		7.1
Street Address (P.O. Box Number is	Not Assessable		4	0000511247 -03/18/02=-0102	
Street Address (P.O. Box Number is	S No. Acceptable)	57.			**30 0. 00
Suite, Apt. #, Etc.	THORE	· · · · · · · · · · · · · · · · · · ·			
000000					
City Ho//YWUU				State Zip Code 7	
	shows named carporat	tion, am familiar with and acco	ant the obligations of so	1 - 0,5 - 0	
8. I, being appointed the redistered agent of the	above flamed corporal	tion, am familiar with and acce	ept the obligations of se		
Signature of Registered Agent				Date 2/27/02	
	REGISTERED AGEN	T MUST SIGN			`
9. Names and Street Addresses of Each Officer	and/or Director (Florid	la nonprofit corporations must	list at least 3 directors)		
Titles Name of Officers and/or Direct	ors	Street Address of Ea Officer and/or Direct		City / State / Zip	
PRO DANE / Konned		1529 ARthur ST		16/14word, Fl. 33020	
10 DANE/ Kenney	_	1001 1010101	1.37	,	
				1	· · · · · · · · · · · · · · · · · · ·
				`•	
10. I certify that I am an officer or director or the r	eceiver or trustee emp	owered to execute this applica	tion as provided for in c	hapter 607 or 617, F.S. I further certify	that when filing
this esignification and incident the second for a	المساويا ومما وماكرا وموال				

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.

SIGNING OFFICER OR DIRECTOR

2/27/02 To whom it may concern: This is my Re-instatment for Corporation, my Corp.

WAS dissolved because my U.B.R form was sent

to the wrong location. Enclused please find the \$300 fee to Ro-with Post 4 U. Inc. P98000104 536