APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT 23 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007857

1. Corporation Name

CASH CONTROL INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~6624 GATEWAY AVENUE~~ SARASOTA FL 34231	~~6624 GATEWAY AVENUE~~ SARASOTA FL 34231

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
4333 S. TAMIAMI TR. Suite, Apt. #, etc. *Suite E* City & State *Sarasota, FL* Zip *34231* Country *USA*	4333 S. TAMIAMI TR. Suite, Apt. #, etc. *Suite E* City & State *Sarasota, FL* Zip *34231* Country *USA*	01/26/1999 5. FEI Number *65-0897677* ☐ Applied For ☐ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BUDNICK, GREGORY	6624 GATEWAY AVENUE	SARASOTA FL 34231

REINSTATEMENT 2000

9000034555719--0
-11/07/00--01097--022
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEWIS, KURT F 6624 GATEWAY AVENUE SARASOTA FL 34231	Name *Gregory Budnick* Street Address (P.O. Box Number is Not Acceptable) *4333 S. Tamiami TR.* Suite, Apt. #, Etc. *Suite E* City *Sarasota* State FL Zip Code *34231*

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____   Date **10-18-2000**
REGISTERED AGENT MUST SIGN

11. 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: _____   **10-18-2000**   **941-927-9259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #