

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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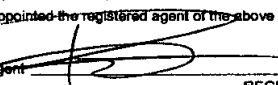
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\*\*\*\*450.00 \*\*\*\*450.00


<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Secretary of State</b> DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 099000076765			
<b>1. Corporation Name</b> Apex Funding and Check Cashing, Inc			
<b>2. Principal Office Address</b> 401 W. Linton Blvd Suite, Apt. #, etc. #203 City & State Delray Beach Zip 33444 Country USA		<b>3. Mailing Office Address</b> Suite, Apt. #, etc. City & State Zip Country	

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> 550950473	<b>Applied For</b> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

<b>7. Name and Address of Current Registered Agent</b>	
Name Peter Nelson	
Street Address (P.O. Box Number is Not Acceptable) 955 Evergreen Dr	
Suite, Apt. #, Etc. Delray Beach	
City	State FL
	Zip Code 33444

<b>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.</b>	
Signature of Registered Agent 	Date 8/8/02

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Peter Nelson	955 Evergreen Dr Delray Beach FL 33444	

<b>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.</b>	
<b>SIGNATURE:</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 8/8/02 Daytime Phone # 561-330-9855

75 8/14/02

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**Peter Nelson**  
401 W. Linton Blvd, Suite 203  
Delray Beach, FL 33444  
Phone (800) 997-2220  
Fax (561) 330-2937

To: Division of Corporations.

Dear Sirs,

Please find a copy of applications for reinstatement for 2 companies.  
I moved and did not receive notice.

The new address is located on the application.

Please call me with any questions regarding this.

Thank You

Peter Nelson