2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINS	TATEMENT						
DOCU	MENT # V58597							
1. Entity Name								
CASH ON COLLINS, INC.					FILED			
Principal Plac	e of Business	Mailing Address	Mailing Address		1	05	DEC 23 AN O): 3h
7424 COLLINS AVE.		7424 COLLINS AVE.				777		.1]
MIAMI BEACH, FL 33141		MIAMI BEACH, FL 331	MIAMI BEACH, FL 33141			j. i		
		1 2 22 21	Lo Malian Address					
2. Principal Place of Business		3. Mailing Address				8.1.01 19181 01110 19111 181	AI BIBU 9194 AIBH BIBU BIBU BIB	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			12162005	REIN-P	CR2E098 (6/04)	
City & State		City & State	City & State		4. FEI Number Applied For 65-0361263 Not Applicable			
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired	See Require	
Name and Address of Current Registered Agent				Name	7. Name and	Address of New F	Registered Agent	
RIVERON, ROMELIO G.								
8442 NW 1	166 TRAIL			Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	33016		Γ					
			City			FL Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE_	Signature, typed or printed name of registere	d agent and title if applicable. (NOT	E: Registered	i Agent signature requ	ired when reinstating)		DATE	
FiL	E NOWIII FEE IS \$150.00				_		with s. 607.193(2)(b),	
After Jan	uary 1, 2006, Fee will be \$	300.00				•	I not receive the prior	
10.		AND DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	
TITLE NAME	P CABRERA, KATTY	☐ Delete	TITLE Name	ہے ا	7 10/		' ☐ Change	☐ Addition
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CITY-ST-ZIP	<u></u>			ST-ZIP				
12. I hereby	certify that the information supplie	d with this filing does not qualify fo	or the exem	nption stated in S	ection 119.07(3)(i), Florida Statutes.	. I further certify that the i	information

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kate Columbia SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/05

(905) 864-8481 Daysime Phone