

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1002

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAY 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96 00000 2990**

1. Corporation Name

U.S. Money Express Co.

2. Principal Office Address

5494 N. Northwest Hwy.

Suite, Apt. #, etc.

City & State

Chicago, IL

Zip

60630

Country

U.S.A.

3. Mailing Office Address

5494 N. Northwest Hwy.

Suite, Apt. #, etc.

City & State

Chicago, IL

Zip

60630

Country

U.S.A.

REINSTATEMENT

98-00

4. Date Incorporated or Qualified
To Do Business in Florida

5/21/97

5. FEI Number

36-3888150

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Lexis Document Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

3953 W. Kelley Rd.

800003266338-9

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

Rebecca Heuser Asst Secretary

REGISTERED AGENT MUST SIGN

Date 5/24/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Andrzej Dachman	5494 N. Northwest Hwy.	Chicago, IL 60630
Secy.	Joanna Bochenek	3094 N. Milwaukee Ave.	Chicago, IL 60618
Tres.	Walter Kotaba	3094 N. Milwaukee Ave.	Chicago, IL 60618
Asst. Secy.	Edwin M. Katz	180 N. LaSalle St. #3001	Chicago, IL 60601
			LS

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:

Andrzej Dachman

Andrzej Dachman, President 5/22/00 773-774-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E081 (9/99)

ACCOUNT FILING COVER SHEET

2082

ACCOUNT NUMBER: FCA000000005

REFERENCE: 1597506-1
(Sub Account)

DATE: 5-25

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____ - _____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: U.S. Money Express Co.

DOCUMENT NUMBER: F96-2990
(if applicable)

AUTHORIZATION: Cynthia J. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- () Call When Ready
- () Walk In
- () Mail Out
- () Call if Problem
- () Will Wait

RECEIVED
 MAY 25 AM 10:47
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA