

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

98 SEP 17 PM 12:09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **J 25534**

1. Corporation Name

**Check Express, Inc**

Principal Place of Business

**1231 Greenway Dr Suite 800  
 Irving TX 75038**

Mailing Address

**Same**

**700002645977--9**  
**-09/22/98--01041--019**  
**\*\*\*3635.00 \*\*\*\*908.75**

**97-98**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7/23/86	
City & State		City & State		5. FEI Number	
Zip		Country		59-273112	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
COB & Pres.	Donald H. Neustadt	1231 Greenway Dr., Suite 800	Irving, TX 75038
VP	Raymond E. McCarty	1231 Greenway Dr., Suite 800	Irving, TX 75038
CFO, Treas., Sec.	Jay B. Shipowitz	1231 Greenway Dr., Suite 800	Irving, TX 75038
<b>REINSTATEMENT 97-98</b>			
<b>B 9/1/8</b>			

8. Name and Address of Current Registered Agent

**CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State <b>FL</b> Zip Code

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: **Randy A. Shelley** REGISTERED AGENT MUST SIGN  
 Name: **RANDY A. SHELLEY**  
 Date: **9/4/98**  
 SPECIAL ASSISTANT SECRETARY

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: **Jay B. Shipowitz**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **8/3/98**  
 Daytime Phone #: **972-560-5000**

CPRE040 (1/98)