PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 10 AM 9:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M13741**

1. Corporation Name

CHECKS IN MOTION, INC.

Principal Place of Business	Mailing Address
12555 ORANGE DRIVE SUITE 124 DAVIE FL 33330	12555 ORANGE DRIVE SUITE 124 DAVIE FL 33330

REINSTATEMENT 07

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **04/09/1985**

5. FEI Number: **59-2514842** ☐ 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
P	LIPSCHITZ, PAMELA	11071 MINNEAPOLIS DR	COOPER CITY FL 33026

100023713581
10/10/03--01076--014 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LIPSCHITZ, PAMELA 12555 ORANGE DRIVE SUITE 124 DAVIE FL 33330	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: Pamela Lipschitz — REGISTERED AGENT MUST SIGN — Date: 10/10/03

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.

954 475 6969

SIGNATURE: Pamela Lipschitz Pamela Lipschitz 10/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Checks in Motion, Inc

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Mrs. Hood.

I think there appears to be an error here. I never got my annual report for Checks in Motion, Inc, formally Payroll Associates, Inc. Certainly I would have paid along with the one I paid for and filed in February for Reel People, Inc. Attached is a check for $150.00 to cover the initial cost. I hope that this clears up the matter. Why wasn't I informed by the state when I made the name change that there was an error. Unfortunately the mail service is not the most dependable and often time's things are not delivered to the designated party. Please accept my apologies.

Thank you

Pamela Lipschitz

12555 Orange Drive * Suite 124 * Davie, Florida 33330
(954)476-6969 FAX (954)476-8729
www.checksinmotion.com