

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



**FILED**

98 SEP 17 AM 11:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # M76903

1. Corporation Name  
 Check Express Florida, Inc.

Principal Place of Business Mailing Address  
 1231 Greenway Dr Suite 800 Irving TX 75038  
 Same

300002645973--2  
 -09/22/98--01041--019  
 \*\*\*3635.00 \*\*\*7098

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, if Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
 4/13/88

5. FEI Number  
 59-2884144 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)

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</b>			TB. 9/18 97-98

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 Zip Code  
 FL

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 SPECIAL ASSISTANT SECRETARY  
 Date: 9-4-98

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, CFO, Sec. Treas. 8/3/98 972-550-5000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (1-98)