PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPLICATION FILED REINSTATEMENT 98 MAY -8 AM 8: 44 DOCUMENT #5 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name U.S.A. CHECK CASHING, INC. Mailing Address Principal Place of Business 3015 N.W. 79th STREET MIAMI, FLORIDA 33147 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 4. Date incorporated or Qualified To Do Business in Florida
December 9, 1991 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0312518 City & State Not Applicable City & State 6. \$8.75 Additional Fee required for a Certificate of Status Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) Pres. ERIC STUDNIK 3015 N.W. 79TH STREET MIAMI, FLORIDA 33147 TENSTATEMENT 96. 300002525383--6 -05/15/98--01104--004 ***1058.75 ***1058.75 MAY 1 8 1998 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name DENNIS FREEMAN, ESQ. ERIC STUDNIK
Street Address (P.O. Box Number is Not Acceptable) 20801 BISCAYNE BLVD. SUITE #304 3015 N.W. 79TH STREET Suite, Apt. #, Etc. AVENTURA, FLORIDA 33180 City State Zip Code 33147 MIAMI, 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 March 28, 1998 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Yes 🗷 Intangible Personal Property tax due June 30. 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. March 28, 1998 (305)836-3677 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #