

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # 598761

1. Corporation Name

U.S.A. CHECK CASHING, INC.

Principal Place of Business

Mailing Address

3015 N.W. 79th STREET
MIAMI, FLORIDA 33147

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

December 9, 1991

5. FEI Number

65-0312518

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	ERIC STUDNIK	3015 N.W. 79TH STREET	MIAMI, FLORIDA 33147

8. Name and Address of Current Registered Agent

DENNIS FREEMAN, ESQ.
20801 BISCAYNE BLVD. SUITE #304
AVENTURA, FLORIDA 33180

9. Name and Address of New Registered Agent

Name

ERIC STUDNIK

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

3015 N.W. 79TH STREET

Suite, Apt. #, Etc.

City

MIAMI,

State

FL

Zip Code

33147

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

Eric Studnik

REGISTERED AGENT MUST SIGN

Date March 28, 1998

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:

Eric Studnik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 28, 1998 (305)836-3677

Date

Daytime Phone #

FILED
98 MAY -8 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (1/98)