

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

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

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
 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
 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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
Prés.	ERIC STUDNIK	3015 N.W. 79TH STREET	MIAMI, FLORIDA 33147

REINSTATEMENT 96-98
 CUS
 VS MAY 18 1998
 300002525983--6
 -05/15/98--01104--004
 ***1058.75 ***1058.75

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* March 28, 1998 (305) 836-3677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)