	PLEASE RE	AD ALL INSTR	NOCTIONS BEFOR	RE COMPLETING THIS FORM.
CORPORATION		Se	ecretary of State	REUNT PARY OF STATE
1. Corporation	DOCUMENT # F98000003496 1. Corporation Name Americash, Inc. DBA ATMHERE INC.			100025426691 12/11/0301060018 ***600 100025426691 12/11/0301060017 ***750
•	Principal Office Address 10 Vesey Street 200 Vesey Street		Beinstatement 9	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified
City & State New York, New York		City & State New York, New York		To Do Business in Florida June 19, 1998 5. FEI Number April 13-3986871 Not
Zip 10285	Country U.S.A.	Zip 10285	Country U.S.A.	6. CERTIFICATE OF STATUS DESIRED X \$8.75 Additional for a Certificat
		7. Na	me and Address of Current Reg	gistered Agent
	Name CT Corporation S	ystem	FLORIDA DEPARTMENT OF ST. Secretary of State DIVISION OF CORPORATIONS 3. Mailing Office Address 200 Vesey Street Suite, Apt. #, etc. City & State New York, New York Zip 10285 Country U.S.A. 7. Name and Address of Current R	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road				
<u> </u>	Suite, Apt. #, Etc.	<u> </u>		
ļ-,	City Plantation			State Zip Code 33324

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/10/03

Applied For Not Applicable onal Fee required icate of Status

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Street Address of Each Titles City / State / Zip Officers and/or Directors Officer and/or Director D/C/P David C. House 200 Vesey Street New York, New York 10285 D/V/T Jaromir G. Divilek 200 Vesey Street New York, New York 10285 D/S Stephen P. Norman 200 Vesey Street New York, New York 10285 Timothy F. Wilson 200 Vesey Street New York, New York 10285 Assis T John Hobby 200 Vesey Street New York, New York 10285 Assis S Michael Kuchs 200 Vesey Street New York, New York 10285

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FL010 - 10/03/2003 C T System Online