

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAY 25 PM 0128

DOCUMENT # L03000018290

1. Limited Liability Company's Name

BOCA CHECK CASHING, LLC

200181312662
05/25/10--01009--010 **416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
18909 SW 33rd CT
Suite, Apt #, etc.

3. Mailing Office Address
18909 SW 33rd CT
Suite, Apt #, etc.

City & State
MIRAMAR FL

City & State
MIRAMAR FL

Zip Country
33029 USA

Zip Country
33029 USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

5/21/2003

6. FEI Number

☒ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
DAVID KROP

Street Address (P.O. Box Number is Not Acceptable)
18909 SW 33rd CT

Suite, Apt #, Etc.

City
MIRAMAR FL

State Zip Code
FL 33029

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent David Krop

Date 5-19-2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DAVID KROP	18909 SW 33rd CT	MIRAMAR FL 33029
MGRM	MARISA HARTMAN	18618 SW 17th CT	MIRAMAR FL 33029

REINSTATEMENT 2008-2010

11. E-mail Address: davidkrop@gmail.com

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager David Krop

Date 5-19-2010 Daytime Phone # 305-632-6600

Typed or printed name of signing Managing Member/Manager