

# 2005 FOR PROFIT CORPORATION REINSTATEMENT



**FILED**  
05 APR -8 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P0000112153**  
1. Entity Name  
**ATTAR CHECK CASHING INC**

Principal Place of Business <b>4058 N. FIESTA PLAZA #104 TAMPA, FL 33607</b>	Mailing Address <b>4058 N. FIESTA PLAZA #104 TAMPA, FL 33607</b>
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2. Principal Place of Business Suite, Apt. #, etc. <i>- same as above</i>	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03072005 REIN-P CR2E098 (6/04)

**6. Name and Address of Current Registered Agent**  
ATTARZADEH, KAMAL  
4058 N ARMENIA AVE #104  
TAMPA, FL 33607  
*PIESTA PLAZA*

**4. FEI Number**  
59-3683480

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
Name: *ATTAR CHECK CASHING INC (d/b/a) U.S. CHECK CASHING*  
Street Address (P.O. Box Number is Not Acceptable): *4058 N PIESTA PLAZA #104*  
City: *TAMPA* FL Zip Code: *33607*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: *03/11/05*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: ATTARZADEZ, KAMAL STREET ADDRESS: 4058 N ARMENIA AVE #104 CITY-ST-ZIP: TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE: VP NAME: YAZDANI, PARVANEH STREET ADDRESS: 4058 N ARMENIA AVE #104 CITY-ST-ZIP: TAMPA, FL 33607	<input type="checkbox"/> Delete
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Delete
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Delete
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <i>ATTARZADEH, KAMAL</i> NAME: <i>ATTARZADEH, KAMAL</i> STREET ADDRESS: <i>4058 N PIESTA PLAZA #104</i> CITY-ST-ZIP: <i>TAMPA FL 33607</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>VP</i> NAME: <i>YAZDANI, PARVANEH</i> STREET ADDRESS: <i>4058 N PIESTA PLAZA #104</i> CITY-ST-ZIP: <i>TAMPA, FL 33607</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <i>-</i> NAME: <i>-</i> STREET ADDRESS: <i>-</i> CITY-ST-ZIP: <i>-</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: *3-11-05* DAYTIME PHONE #: *(813) 873-2274*

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #