PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
97 DEC -1 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060121

1. Corporation Name
Checking Exchange Inc.

2603 N Dixie Hwy — Principal Place of Business
Wilton Manors FL 33334 — Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 97

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 8/12/94

5. FEI Number 65 0503394 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ — $6.75 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	Alexis Jimenez	5060 SW 11th St Plantation	Florida - 33317
			900002364519--6 -12/05/97--01098--003 ****250.00 ****250.00
			900002364519--6 -12/05/97--01098--004 ****500.00 ****500.00

8. Name and Address of Current Registered Agent
Alexis Jimenez
5060 SW 11TH St
Plantation FL 33317

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt #, Etc.
City | State FL | Zip Code

CP2EN42 113396

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: [signature] — REGISTERED AGENT MUST SIGN — Date 11/13/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: [signature] Alexis Jimenez — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11/13/97 Date — 954 561 7881 Daytime Phone #