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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2006 OCT 12 AM 9:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S16887

1. Corporation Name

Quick Cash Check Cashing, Inc.

2. Principal Office Address

3115 W Columbus

Suite, Apt. #, etc.

106

City & State

Tampa, FL

Zip

33607

Country

U.S.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

05-06

4. Date Incorporated or Qualified
To Do Business in Florida

12/4/1990

5. FEI Number

59-3039463

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

McCalla, Leslie

Street Address (P.O. Box Number is Not Acceptable)

8602 Brookway Cir

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33635

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	McCalla, Leslie	8620 Brookway Cir Tampa, FL	Tampa, FL 33635

20060907 2222
10/11/06-01020-013 **300.00

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 contained in Chapter 119, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17 ad

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Quick Cash Check Cashing, Inc.
3115 W Columbus Dr. Suite 106
Tampa, FL 33607
813-875-2274

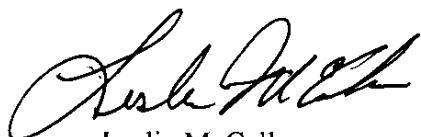
October 9, 2006

Re: Annual Report

Dear Sir or Madam,

We did not receive the annual report filing notice for 2005 or 2006. We are now sending the 2006 report with a check for 2005 and 2006 filing fees of \$300.00. Please waive the late penalty due to not receiving the report in these years.

Sincerely,

A handwritten signature in black ink, appearing to read 'Leslie McCalla', written in a cursive style.

Leslie McCalla
Accountant