

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S16887

1. Entity Name  
QUICK CASH CHECK CASHING, INC.



FILED

2007 NOV 30 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
3115 W COLUMBUS DR.  
#106  
TAMPA, FL 33607 US

Mailing Address  
3115 W COLUMBUS DR.  
#106  
TAMPA, FL 33607 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt., etc.

Suite, Apt., etc.

11272007 REIN-P CR2E098 (1/07)

City & State

City & State

4. FEI Number  
59-3039463

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

MCCALLA, LESLIE  
8602 BROOKWAY CIR  
TAMPA, FL 33635

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PST  
MCCALLA, LESLIE  
8620 BROOKWAY CIR  
TAMPA, FL 33635

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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11/30/07--01007--007 \*\*150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/07

Date

813 875-2274

Daytime Phone #

11/30/07