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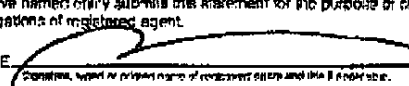
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2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000000800			
1. Entity Name BAR NONE CONSUMER FINANCE, INC.			
Principal Place of Business 6800 KOLL CENTER PARKWAY SUITE 320 PLEASANTON, CA 94566		Mailing Address 6800 KOLL CENTER PARKWAY SUITE 320 PLEASANTON, CA 94566	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		5. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
6. 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.		7. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
SIGNATURE  Stacy M. Rosenthal Vice President and Assistant Secretary		DATE 01/05/2006	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO CROUSE, JAMES L 6800 KOLL CENTER PARKWAY, SUITE 320 PLEASANTON, CA 94566 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 a letter like empowered.			
SIGNATURE  James L. Crouse		PRESIDENT 11/23/2005	

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BAR NONE CONSUMER FINANCE, INC.

Certificate of Status	0
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