

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L00000006662

LIMITED LIABILITY COMPANY REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

02 JUL -1 AM 8:56

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # L00000006662
 1. Limited Liability Company's Name
 EASY MONEY OF PERDIDO KEY, LLC

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 -07/05/02--01056--003
 ****205.00 ****205.00

| | | | |
|-----------------------------|---------|---------------------------|---------|
| 2. Principal Office Address | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. | | P.O. BOX 790 - | |
| City & State | | City & State | |
| PERDIDO KEY, FL | | FOLEY, AL | |
| Zip | Country | Zip | Country |
| US | US | 36536 | US |

2001-2002 7/1

| | |
|--|----------------|
| 4. State/Country of Formation | |
| FLORIDA | |
| 5. Date Organized or Qualified To Do Business in Florida | |
| JUNE 7, 2000 | |
| 6. FEI Number | Applied For |
| 59-3690642 | Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> | |
| \$5.00 Additional Fee required for a Certificate of Status | |

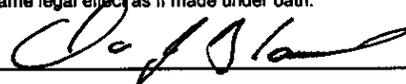
| | | | |
|--|--|-------|----------|
| 8. Name and Address of Current Registered Agent | | | |
| Name | | | |
| STEPHEN B. SHELL | | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | |
| SEVILLE TOWER, 9TH FLOOR | | | |
| Suite, Apt. #, Etc. | | | |
| 226 SOUTH PALAFOX ST. | | | |
| City | | State | Zip Code |
| PENSACOLA, | | FL | 32501 |

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 6/26/02

| 10. Names and Street Addresses of Managing Members/Managers | | | |
|---|-----------------------------------|--|-----------------------|
| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| MEMBER | BRAD L. PATTERSON | 1556 GULF SHORES PKWY. | GULF SHORES, AL 36542 |
| MEMBER | DAVID J. BLANCHARD | 2801 S. MCKENZIE ST. | FOLEY, AL 36535 |
| MEMBER | JOHN E. BLANCHARD | 2801 S. MCKENZIE ST. | FOLEY, AL 36535 |
| | | | |
| | | | |
| | | | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 6/26/02 Daytime Phone # 251 943 5025

Typed or printed name of signing Managing Member/Manager DAVID J BLANCHARD

CR2E041 (9/01)