

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
The Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000006662

1. Limited Liability Company's Name

EASY MONEY OF PERDIDO KEY, LLC

2. Principal Office Address

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PERDIDO KEY, FL

FOLEY, AL

Zip

Country

US

Zip

Country

36536

US

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

JUNE 7, 2000

6. FEI Number

59-3690642

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$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

PENSACOLA,

State

FL

Zip Code

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