

L00000010959

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG -6 PM 1:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L00000010959

1. Limited Liability Company's Name

MEGA CREDIT LLC

2. Principal Office Address

1514 Ives Dairy Road

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

USA

3. Mailing Office Address

1514 Ives Dairy Road

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33179

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

9/12/2000

6. FEL Number

65-1038683

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

Stuart A. Lipson, Esq.

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

16900 NE 19th Avenue

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33162

800006951408--3

-08/07/02--01064--020

****200.00 ****200.00

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

8/16/02

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
MGR	Jorge Cortes	1514 Ives Dairy Road	Miami, FL 33179
MBR	Chris Murray	11111 Biscayne Blvd. #900 Miami, FL 33138	

11. 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

6/14/02

Daytime Phone #

954-274-0588

Typed or printed name of signing Managing Member/Manager Jorge Cortes, Managing Member

CR2EM1 (9/01)