PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
03 MAY 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200020044872
05/28/03--01066--003 **150.00

DOCUMENT # L02000028914

1. Limited Liability Company's Name

MONEYMASTER FINANCIAL PARTNERS, LLC

2. Principal Office Address	3. Mailing Office Address
90 Wellington Hill Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boston MA	City & State
Zip: 02126 Country: USA	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 10/30/02

6. FEI Number: 27-0042766 ☐ 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: ALLAN MIGDALL, ATTORNEY AT LAW

Street Address (P.O. Box Number is Not Acceptable): 270 SW 31 STREET

Suite, Apt. #, Etc.:

City: FORT LAUDERDALE State: FL Zip Code: 33315

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: Allan Migdall Date: 5-1-03
REGISTERED AGENT MUST SIGN

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
MGRM	JOHN GAINES	90 Wellington Hill Street	Boston, MA 02126
MGRM	MIGUEL GAINES	90 Wellington Hill Street	Boston, MA 02126

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: [signature] Date: 5/12/03 Daytime Phone #: (617) 298 7601

Miguel Gaines

Typed or printed name of signing Managing Member or Manager: