PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 29 AM 9:50

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000067800

1. Limited Liability Company's Name
CASH BUDDY LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
60 Revere Drive	60 Revere Drive
Suite, Apt. #, etc. Suite 360	Suite, Apt. #, etc. Suite 360
City & State Northbrook, IL	City & State Northbrook, IL
Zip 60062 Country USA	Zip 60062 Country USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 9/15/2004

6. FEI Number: 16-1707448 ☐ 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: Richard B. Ivans, Esq.
Street Address (P.O. Box Number is Not Acceptable): 200 S. Biscayne Blvd.
Suite, Apt. #, Etc.: Suite 3600
City: Miami State: FL Zip Code: 33131

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: Richard B Ivans Date: Jan 8, 2007
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
MGR	David S. Andrews	60 Revere Drive, #360	Northbrook, IL 60062

11/9/06 01033 001 $200.00

REINSTATEMENT 05-06

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 608.408, 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: 1/8/07 Daytime Phone #: 847-99-5275

Typed or printed name of signing Managing Member/Manager: DAVID ANDREWS