


2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L08000114095	
1. Entity Name KC PAWN, LLC	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 OCT -6 AM 11:30

Principal Place of Business 7525 ALUMINUM ROAD NORTH FORT MYERS, FL 33903	Mailing Address 2045 MC GREGOR BLVD FORT MYERS, FL 33901
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2. Principal Place of Business - No P.O. Box # 80-A PONDELLA ROAD	3. Mailing Address 80-A PONDELLA ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09292009 REIN-LLC CR2E101 (1/07)

City & State North Fort Myers	City & State North Fort Myers
Zip 33903	Country US
Zip 33903	Country US

4. FEI Number 26-3868194	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RICH, MICHAEL J 2045 MC GREGOR BLVD FORT MYERS, FL 33901	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Michael J Rich</i> Signature, typed or printed name of registered agent and title if applicable	DATE 9/29/09 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2010, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POYNTER, CHARLIE SR 13072 SAILAWAY STREET NORTH FORT MYERS, FL 33903 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNETH KEVIN SANDS 80-A PONDELLA ROAD NORTH FORT MYERS FL 33903 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	DATE 9/29/09 Date Daytime Phone #