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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2020 FEB -6 PM 1:15

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L15000058507

1. Limited Liability Company's Name

PAY NOW DIRECT LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # c/o Jon A. Sale, Receiver Nelson Mullins Broad and Cassel Suite, Apt. #, etc. 2 South Biscayne Blvd., 21st Floor City & State Miami, FL Zip 33131 Country USA		3. Mailing Office Address c/o Jon A. Sale, Receiver Nelson Mullins Broad and Cassel Suite, Apt. #, etc. 2 South Biscayne Blvd., 21st Floor City & State Miami, FL Zip 33131 Country USA	
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4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida Effective 04/01/2015	
6. FEI Number 47-3679335	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent

Name Jon A. Sale	
Street Address (P.O. Box Number is Not Acceptable) Suite, Nelson Mullins Broad and Cassel Apt. #, Etc. 2 South Biscayne Blvd., 21st Floor 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 605, F.S.

Signature of
Registered Agent Jon A. Sale, ReceiverDate 2/3/20

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Receiver	Jon A. Sale	Nelson Mullins Broad and Cassel 2 South Biscayne Blvd., 21st Floor	Miami, FL 33131

11. E-mail Address: gisela.fasco@nelsonmullins.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Jon A. Sale, ReceiverDate 2/3/20

Daytime Phone #

305.373.9400

Typed or printed name of signing authorized representative/member

MOORE
27 2020

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
PAY NOW DIRECT LLC**

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