

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L97000000854

1. Limited Liability Company's Name

AMERICA'S CASH DEPOT OF FLORIDA, L.C.

2. Principal Office Address

5099 COTSWOLD LN.

Suite, Apt. #, etc.

City & State

MEMPHIS, TENNESSEE

Zip

38125

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

08-04-97

6. FEI Number

62-1696504

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

11/29/2000

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
Chief Manager	LELAND CARDWELL	5099 COTSWOLD LANE	MEMPHIS, TN 38125
Secretary	KYLE RICE	1560 WHITMAR PLACE	MEMPHIS, TN 38120

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

Leland Cardwell

Date 11-27-00

Daytime Phone # 901-737-2988

Typed or printed name of signing Managing Member/Manager LELAND CARDWELL, CHIEF MANAGER

APPROVED
AND
FILED

00 NOV 29 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

1998-
2000

CR2E041 (9/99)