

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

01 NOV 13 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

m-452
COFCO CREDIT COMPANY, LLC

2. Principal Office Address

668 N. 44th STREET

Suite, Apt. #, etc.

SUITE 201-W

City & State

PHOENIX, AZ

Zip

85008

Country

USA

3. Mailing Office Address

668 N. 44th STREET

Suite, Apt. #, etc.

SUITE 201-W

City & State

PHOENIX, AZ

Zip

85008

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

ARIZONA, USA

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

46-0801149

Applied For

Not Applicable

7.

CERTIFICATE OF STATUS DESIRED ☐

\$300 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

200004695022-4

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

1200 S. PINE ISLAND ROAD

-11/27/01--01045--019

****150.00 ****150.00

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

PETER F. SOUZA

ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

11/8/01

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
MR & MRS	JACK D. GRAY	668 N. 44 th ST. SUITE 201W	Phoenix, AZ 85008
MR & MRS	BNB	668 N. 44 th ST. SUITE 228	Phoenix, AZ 85008
MR & MRS	ELIZABETH Mann	668 N. 44 th ST. SUITE 228	Phoenix, AZ 85008

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

Date 10/31/01

Daytime Phone 602-244-2020

Typed or printed name of signing Managing Member/Manager

JACK GRAY