

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

02 AUG -2 AM 9:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00000002180

1. Limited Liability Company's Name

Pawnshop Operating Company, LLC

000006905520--0

-08/06/02--01003--024

\*\*\*200.00 \*\*\*200.00

2. Principal Office Address

222 West 4th Street #202

3. Mailing Office Address

222 West 4th Street

Suite, Apt. #, etc.

#202

Suite, Apt. #, etc.

#202

City & State

Ft. Worth, Texas

City & State

Ft. Worth, Texas

Zip

76102

Country

U.S.

Zip

76102

Country

U.S.

4. State/Country of Formation

Delaware / U.S.

5. Date Organized or Qualified  
To Do Business in Florida

9/28/01

6. FEI Number

752868295

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

Philip Iovino

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

602 S. State Rd. 7

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33068

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

[Signature]

Date 7/24/02

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	Mark A. Neyland	222 West 4th Street #202	Ft. Worth, TX 76102
MGR	Mitch Musgrove	222 West 4th Street #202	Ft. Worth, TX 76102

REINSTATEMENT

01-02

dec

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

Mark A. Neyland

Date 7/25/02

Daytime Phone # 817-300-0266

Typed or printed name of signing Managing Member/Manager

MARK A. NEYLAND

CR2E041 (9/01)