

M00000002180

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 PM 2:03

12/18

DOCUMENT # M00000002180

1. Limited Liability Company's Name

REINSTATEMENT 2003

Pawnshop Operating Company, LLC

200025419262
12/11/03--01019--034 **150.00

2. Principal Office Address

4255 Camp Bowie Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

4020 Pebblebrook Ct

Suite, Apt. #, etc.

City & State

Ft. Worth, Tx 76107

Zip

Country

76107

USA

City & State

Ft. Worth, Tx

Zip

Country

76109

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

10/17/2000

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 Lovino

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

602. South 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

Philip Lovino

REGISTERED AGENT MUST SIGN

Date

12/8/03

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	Neyland, Mark A.	4020 Pebblebrook Ct.	Ft. Worth, Tx 76109
MGR	Musgrave, Mitch	4255 Camp Bowie Blvd.	Ft. Worth, Tx 76107
		2003	
	REINSTATEMENT		

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

Philip Lovino

Date

12/8/03

Daytime Phone #

954-969-8010

Typed or printed name of signing Managing Member/Manager

Philip Lovino

CR2E041 (10/02)