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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -2 AM 10:41

1. DOCUMENT # M02000001249

Name and Mailing Address

0016746 01 MB 0.309 **AUTO T1 0 0615 77043-523975

IWAYLOAN GP, LLC
10190 OLD KATY ROAD
SUITE 350
HOUSTON TX 77043-5239

+150

2. New Mailing Address: Same	4. State/Country of Formation: TX
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 05/15/2002
Principal Place of Business: 10190 OLD KATY ROAD SUITE 350 HOUSTON TX 77043	6. FEI Number: 01-6194651 ☐ Applied For ☐ Not Applicable
3. New Principal Place of Business Address / City, State, Zip	7. CERTIFICATE OF STATUS DESIRED ☐ — $5.00 Additional Fee required for a Certificate of Status

CR2E084 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name: Same Street Address (P.O. Box Number is not acceptable) City: FL Zip Code

700024411897
11/04/03--01017--025 **150.00

10. 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 REQUIRED [signature] Date 10/6/03

REGISTERED AGENT MUST SIGN

REINSTATEMENT 03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Partner member	Phil Clather	2212 Welch St	Houston, TX 77019
~~member~~	~~David Russell~~	~~6715 Campden Dr~~	~~Klein TX 77379~~
member	Russell Wright	20319 Warrington Dr	Katy, TX 77450
member	Scott Pyatt	10219 Sand Dollar	Houston TX 77065
member	Victor Acosta	12423 Rosa Ridge Ln.	Houston TX 77044
member	Larry Cobb	13602 Pristine Park	Houston, TX 77044

12. 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/Manage: SIGNATURE REQUIRED [signature] Date 10/26/03 Daytime Phone # 713-821-9705

Typed or printed name of signing Managing Member/Manager: Russell Wright