
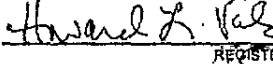
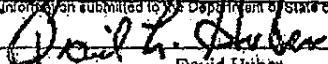


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 FEB -6 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MG7000003267 1. Limited Liability Company's Name FINANCE EXPRESS LLC			
2. Principal Office Address - No P.O. Box # 30071 Tomas, Suite 250 Suite, Apt. #, etc.		3. Mailing Office Address 30071 Tomas, Suite 250. Suite, Apt. #, etc.	
City & State Rancho San Margarita, CA		City & State Rancho San Margarita, CA	
Zip 92688	Country USA	Zip 92688	Country USA
4. State/Country of Formation NV		5. Date Organized or Qualified To Do Business in Florida 01/05/2015	
6. FEI Number 16-1687495		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED: <input checked="" type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name NRAI SERVICES, INC.			
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 605, F.S.			
Signature of Registered Agent 		Date 02/05/2015	
REGISTERED AGENT MUST SIGN Howard L. Volz, Asst Secy			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title MGR	Name of Authorized Representative/Manager David Huber	Street Address of Each Authorized Representative/Manager 11 Hawthorne Lane	City/State/Zip Coto De Caza, CA 92679
11. E-mail Address: <u>dhuber@foxdns.com</u>			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reasons for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony, as provided in s. 317.134, F.S.			
Signature of Authorized Representative/Manager 		Date 02/05/2015	Daytime Phone # (949) 954-7118
Typed or printed name of signing Authorized Representative/Manager David Huber			

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S. Shivers