PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR 31 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M11000006172

1. Limited Liability Company's Name
ACCESS PERSONAL FINANCE LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
175 SW 7TH STREET	175 SW 7TH STREET
Suite, Apt. #, etc.: SUITE 1900	Suite, Apt. #, etc.: SUITE 1900
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33130 Country: US	Zip: 33130 Country: US

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 12/09/2011

6. FEI Number: 271494397 ☐ 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: CORPORATION SERVICE COMPANY
Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET
Suite, Apt. #, Etc.:
City: TALLAHASSEE State: FL Zip Code: 32301

600271264026

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: Courtney Williams Asst. Vice President Date: 03.31.15
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
mgrm	ALBERTO TARAJANO	924 Advana Ave	Coral Gables, FL 33146
	REINSTATEMENT		S. HAWKES
	2014-2015		MAR 31 A.M.
			EXAMINER

11. E-mail Address: albertotarajano@gmail.com
(To be used for future annual report notifications)

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 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 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. 817.155, F.S.

Signature of Authorized Representative/Manager: _____ Date: 3/18/15 Daytime Phone #: 305-804-2483

Typed or printed name of signing Authorized Representative/Manager: ALBERTO TARAJANO

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 571229 7859499

AUTHORIZATION :

COST LIMIT : $ 877.50

ORDER DATE : March 31, 2015

ORDER TIME : 2:47 PM

ORDER NO. : 571229-005

CUSTOMER NO: 7859499

RECEIVED
15 MAR 31 PM 4:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO ACKNOWLEDGE
SUFFICIENCY OF FILING

REINSTATEMENT

NAME: ACCESS PERSONAL FINANCE LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____