

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M20000004425

1. Limited Liability Company's Name

PAY CASH GROUP LLC

000875193600
10/19/21--01027--028 **238.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #

1611 South Utica Ave.

3. Mailing Office Address

1611 South Utica Ave.

Suite, Apt. #, etc.

#194

Suite, Apt. #, etc.

#194

City & State

Tulsa, OK

City & State

Tulsa, OK

Zip

74104

Country

USA

Zip

74104

Country

USA

4. State/Country of Formation

OK

5. Date Organized or Qualified
To Do Business in Florida

05/08/2020

6. FEI Number

83-1971897

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

C T CORPORATION SYSTEM

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

Christine Kelm

Christine Kelm
Assistant Secretary

Date 10/12/2021

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
Manager	Gary Watkins	1611 South Utica Ave. #194	Tulsa, OK 74104

REINSTATEMENT
10/21

11. E-mail Address: gary@megawat.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

Gary Watkins

Date 10/06/2021

Daytime Phone # (918) 629-3130

Typed or printed name of signing Authorized Representative/Manager Gary Watkins

OCT 13 2021