PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS 02 OCT 31 AM 8: 08

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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1. Corporation Name

Florida Auto & Payday Loans, Inc.

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2. Principal Offi 8601 Dunw		3. Mailing Office 8601 Dunwo		REINSTATEMEN	To	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- 2	
Suite 406		Suite 406		4. Date Incorporated or Qualified To Do Business in Florida 07/31/200	nn -	
City & State		City & State		775 17200		
Atlanta, Georgia		Atlanta, Georgia		5. FEI Number		
				58-2562164	Not	
Zip 30350	Country USA	30350	USA	6- CERTIFICATE OF STATUS DESIRED ☑ \$8.75 A	ddítional Certificate	

lied For Applicable

		for a Certificate of Status
7. Name and	Address of Current Registered Agent	
Name CT Corporation System	1,0000830	4001
Street Address (P.O. Box Number is Not Acceptable) 1200 S	outh Pine Island Road	05 **75 8.75
Suite, Apt. #, Etc.		
City Plantation	State Zip Code	124

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i.	I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.05	03, F.S

Signature of

REGISTERED AGENT MUST SIGN

Date 10/31/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

D		1	
	Terry E. Fields	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350
PCEO	Terry E. Fields	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350
TCFO	Terry E. Fields	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350
s	Terry E. Fields	8601 Dunwoody Place, Suite 406	Atlanta, Georgia 30350

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terry E. Fields

10/29/2002 (404)552-9840

Date

Daytima Phone #