

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 APR -9 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07



DOCUMENT # P05000007137 1. Entity Name GOLDMASTERS JEWELERS & PAWN, INC.					
Principal Place of Business 1003 W. HILLSBOROUGH AVE TAMPA, FL 33603		Mailing Address 1003 W. HILLSBOROUGH AVE TAMPA, FL 33603			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GUZMAN, BENIGNO M. 7006 EDENBROOK COURT TAMPA, FL 33634				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME	P PORCARO, LOUIS <input type="checkbox"/> Delete 8119 N. ORLEANS STREET TAMPA, FL 33604		TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold; text-align: center;">900097296189</div>	
STREET ADDRESS			STREET ADDRESS	<div style="font-size: 1.2em; font-weight: bold; text-align: center;">04/18/07--01009--015 **300.00</div>	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME			TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Louis Porcaro* **Louis Porcaro** 4/4/07 813-238-9698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7C 4/12