


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY 20 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 03-04

400036961804
05/20/04--01047--014 **150.00
05/03/04 01015 007 \$750.00

4. Date Incorporated or Qualified To Do Business in Florida 01-30-1984

5. FEI Number 592396624 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # G90259

1. Corporation Name
G & B JEWELRY PAWN & GUN Shop, INC.

2. Principal Office Address
128 NE 2ND AVE

3. Mailing Office Address
128 NE 2ND AVE

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip Country
33132 U.S.A

Zip Country
33132 U.S.A

7. Name and Address of Current Registered Agent

Name
Adrian L. SUAREZ

Street Address (P.O. Box Number is Not Acceptable)
120 SW 53 CT

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent [Signature] Date 05-12-04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>SUAREZ, Adrian</u>	<u>120 SW 53 CT</u>	<u>MIAMI, FL 33134</u>
<u>V</u>	<u>Avila, Remberto</u>	<u>128 NE 2ND AVE</u>	<u>MIAMI FL 33132</u>

05/25

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] 05-12-04 (305) 381-9030

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

CR2E081 (01/04)