

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
04 MAR 16 AM 8:42

DOCUMENT #

H 86441

1. Corporation Name

TICE PAWN SHOP INC

2. Principal Office Address

4019 PALM BEACH BLVD

Suite, Apt. #, etc.

City & State

FT. MYERS FL

Zip

33916

Country

USA

3. Mailing Office Address

2419 EAST MALL DR

Suite, Apt. #, etc.

City & State

FT. MYERS, FL 33901

Zip

33901

Country

USA

REINSTATEMENT 03-04

000030932830

03/23/04--01063--013 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/95

5. FEI Number

59-2700960

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RODERICK J. MCLEOD

Street Address (P.O. Box Number is Not Acceptable)

2419 EAST MALL DR

Suite, Apt. #, Etc.

City

FT. MYERS, FL 33901

State

FL

Zip Code

USA

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

Roderick J. McLeod

Date 3-15-04

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
P.S.	DENNIS L. MCQUINN	1822 SE 4TH ST	
		CAPE CURAL FL 33990	

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENNIS MCQUINN

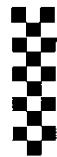
Date

3-15-04

Daytime Phone #

239-939
3635

CR2E081 (9/01)



Mar-16-04 09:10A accounting group

239 939 7342

P.01

Enclosed is an application for reinstatement and a check for \$300 in payment of the 2003 and 2004 fees. The first nor second return was never received by the company, and the staff were unaware of the filing requirement. We would request a waiver of the penalty.

Yours truly,

Tice Pawn Shop Inc.