

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:25

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000003693

1. Corporation Name

FLORIDA SUPER CASH PAWN INC.

Principal Place of Business

6415 BLANDING BULD.  
JACKSONVILLE FL 32244

7 ACME ST.  
JAX, FLA. 32211

Mailing Address

6415 BLANDING BULD.  
JACKSONVILLE FL 32244

901 ROCK BAY DR.  
JAX, FLA. 32218



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7 ACME ST. JAX, FLA. 32211

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA.

Zip

32254

Country

U.S.

3. New Mailing Office Address, If Applicable

901 ROCK BAY DR.

Suite, Apt. #, etc.

City & State

FLA. JACKSONVILLE

Zip

32218

Country

U.S.

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

01/10/2001

5. FEI Number

59-3720721

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FANNING, KENNETH	<del>5819 WINDERMERE RD.</del> 901 Rock Bay Dr.	JACKSONVILLE FL 32218

900025810329  
12/29/03--01038--015 \*\*758.75

8. Name and Address of Current Registered Agent

FANNING, KENNETH  
5819 WINDERMERE RD.  
JACKSONVILLE FL 32211

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Kenneth Fanning  
REGISTERED AGENT MUST SIGN

Date 12/20/03

11. 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:

Kenneth Fanning  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/03 (904)  
612-9828  
Date Daytime Phone #

CR2E040 (7/03)