

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000083997

1. Corporation Name

AARON FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

309 N. PARSONS AVENUE  
#100  
BRANDON FL 33510

309 N. PARSONS AVENUE  
#100  
BRANDON FL 33510

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

2. New Principal Office Address, If Applicable

1001 N Parsons Avenue

3. New Mailing Office Address, If Applicable

1001 N Parsons Avenue

Suite, Apt. #, etc.

Suite #100

Suite, Apt. #, etc.

Suite #100

City & State

Brandon, FL

City & State

Brandon, FL

Zip

33510

Country

Hillsborough

Zip

33510

Country

Hillsborough

4. Date Incorporated or Qualified  
To Do Business in Florida

08/01/2002

5. FEI Number

043706043

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
Pres	J. Kenneth Medley	1001 N. Parsons Avenue	Brandon, FL 33510

000023871400  
10/17/03--01025--004 \*\*158.75

8. Name and Address of Current Registered Agent

MEDLEY, J. KENNETH  
T1404 LEANNE  
TAMPA FL 33516

9. Name and Address of New Registered Agent

Name

J. Kenneth Medley

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

1001 N Parsons Avenue

Suite, Apt. #, Etc.

City

Brandon.

State

FL

Zip Code

33510

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

J. Kenneth Medley  
REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

J. Kenneth Medley

J. Kenneth Medley

10-14-03

813-246-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

***Ken Medley***

***Aaron Financial Services, Inc.***

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**1001 N. Parsons, Suite #100**

**Brandon, Florida 33510**

**1-813-849-7700**

**1-813-849-7778 Fax**

**1-866-512-7700**

**E-mail      kmedley@tampabay.rr.com**


**Glenda E. Hood  
Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327**

**Dear Ms. Hood:**

**Please accept my apology for our failure to comply with the law in filing this report. As you can see from the updated information, I moved the office and my home to the above stated address.**

**To my knowledge, I did not receive the two UBR notices. My office manager became ill, was hospitalized twice and eventually she had to quit. We have been unable to find a qualified replacement after trying for six months.**

**Best regards,**

  
**Ken Medley  
President**