

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 OCT -9 AM 8:22

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P02000102993

1. Corporation Name

FIRST PAWN JEWELRY & LOAN, INC.

Principal Place of Business

Mailing Address

~~5121 23RD CT. SW~~  
~~NAPLES FL 34110~~

4001 SANTA BARBARA BLVD  
SUITE #327  
NAPLES FL 34104



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

74-3063053

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SOLOMON, ERIC PRESTON	5121 23RD CT. SW 1831 MENORCA CT.	NAPLES FL 34110 MARCO Island FL 34145
STD	LONG, CAMMERON JEAN SOLOMON, CAMMERON JEAN	5121 23RD CT. SW 1831 MENORCA CT.	NAPLES FL 34110 MARCO Island FL 34145

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CONIGLIO, MICHAEL J  
971 EAST TENNESSEE STREET  
TALLAHASSEE FL 32301

Name

ERIC P. SOLOMON

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

1831 MENORCA CT.

Suite, Apt. #, Etc.

City

MARCO Island

State

FL

Zip Code

34145

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

REGISTERED AGENT MUST SIGN

Date 10-8-03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-8-03

Date

239/434-7296

Daytime Phone #

CR2040 (7/03)