

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000159590

Entity Name: DUNN PAWN, INC

FILED  
Oct 27, 2008  
Secretary of State

## Current Principal Place of Business:

5047-47 NORMANDY BLVD  
JACKSONVILLE, FL 32205

## New Principal Place of Business:

5047-49 NORMANDY BLVD  
JACKSONVILLE, FL 32205

## Current Mailing Address:

10694 BISCAYNE BLVD  
JACKSONVILLE, FL 32218

## New Mailing Address:

FEI Number: 20-1886176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMPLIFIED BOOKKEEPING INC  
6034 CHESTER AVE  
108  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

ISAAC, BRETT  
5917 BEACH BLVD.  
JACKSONVILLE, FL 32207 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BRETT ISAAC

10/27/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: PAPA, LILLIAN E  
Address: 1877 LAKOTNA DR.  
City-St-Zip: JACKSONVILLE, FL 32073 US

Title: VP ( ) Delete  
Name: CASTILLO, JOSE  
Address: 10694 BISCAYN BLVD  
City-St-Zip: JACKSONVILLE, FL 32218 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: PAPA, LILIAN E  
Address: 12462 DEWHURST CIR.  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILIAN PAPA

PRES

10/27/2008

Electronic Signature of Signing Officer or Director

Date