2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000154908

1. Entity Name
GOLDEN DRAGON PAWN & JEWELRY, INC.

FILED
2008 MAR 27 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1045 S. VOLUSIA AVE ORANGE CITY, FL 32763 US	P O BOX 5274 DELTONA, FL 32728

03172008 REIN-P CR2E098 (1/07) 07-08

2. Principal Place of Business - No. P.O. Box #	3. Mailing Address
2311 S. Volusia Ave	2311 S. Volusia Ave
Suite, Apt. #, etc.: Suite B	Suite, Apt. #, etc.: B
City & State: Orange city Fl	City & State: Orange city Fl
Zip: 32763 Country: Volusia	Zip: 32763 Country: Volusia

4. FEI Number: INSTATEMENT ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUTCH, JAMES 1045 S. VOLUSIA AVE ORANGE CITY, FL 32763	Name: JAMES FUTCH Street Address (P.O. Box Number is Not Acceptable): 2311 S. Volusia Ave City: Orange city FL Zip Code: 32763

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 3/23/8
Signature required if printed name of registered agent and Title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,VP FUTCH, JAMES ~~1045~~ S. VOLUSIA AVE ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2311 S. Volusia Ave 'B'
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S,T FUTCH, JAMES ~~1045~~ S. VOLUSIA AVE ORANGE CITY, FL 32763	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2311 S. Volusia Ave 'B'
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400121441T24 03/27/08--01036--005 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 3/23/8
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. Mitchell MAR 27 2008