

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



DOCUMENT # **P93000052952**

1. Corporation Name

**THE ORIGINAL LOAN-A-RANGER CORP.**

Principal Place of Business Mailing Address  
**507 MEADOW LN 507 MEADOW LN**  
**OLDSMAR FL 34677 OLDSMAR FL 34677**  
**US US**

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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**FILED**  
**99 APR -2 AM 11:19**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**REINSTATEMENT** *08-99*

4. Date Incorporated or Qualified To Do Business in Florida  
**07/26/1993**

5. FEI Number  
**59-3193672**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	MCDOWELL, EUGENE	4141 W WATERS AVE	TAMPA FL 33614
D	Schultze, William	507 Meadow Lane	Oldsmar, FL 34677

*ES*

3000002832283-9  
 -04/07/99-01079-001  
 \*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent  
**MCDOWELL, EUGENE**  
**4141 W WATERS AVE**  
**TAMPA FL 33614**

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City  
 State Zip Code  
**FL**

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.  
 Signature of Registered Agent *Eugene McDowell* REGISTERED AGENT MUST SIGN Date **3/31/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: *Ter Bazell V.P. Principal* 3/31/99 727-786-7482  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25040 (9/98)