

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041735

1. Corporation Name

LABELLE PAWN, INC.

Principal Place of Business

302 HWY 80
P.O. BOX 22
LABELLE FL 33935

Mailing Address

P.O. BOX 22
LABELLE FL 33935



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

06/03/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0495011

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
DP	RUMFELT, ALDEN A	P.O. BOX 1137 1017 PONCE DE LEON 22 (803 Riverbend DR)	CLEWISTON FL 33440 LaBelle 33975
DS	ANGELL, DAVID K	201 E. VENTURA AVE.	CLEWISTON FL 33440

200008571672
10/24/02--01071--025 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUMFELT, ALDEN A
1017 PONCE DE LEON AVE
PO BOX 37
CLEWISTON FL 33440

Name

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

Suite, Apt. #, etc.

City

State

Zip Code

803 Riverbend Dr.
PO Box 22
La Belle
FL 33975

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-21-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-21-02

Daytime Phone #

675-3565

CR2E040 (8/02)