

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

98-99AR

FILED

98 JUN 11 AM 10:34

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088684

1. Corporation Name

NATIONAL PAWN HOLDINGS A, INC.

Principal Place of Business

1165 WEST 49TH ST., STE. 202
HIALEAH FL 33012

Mailing Address

1165 WEST 49TH ST., STE. 202
HIALEAH FL 33012

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.

509 W. 49th St.

City & State

Hialeah, FL

Zip 33012

Country

3. New Mailing Office Address, If Applicable

419 W 49th St. Suite 202
HIALEAH, FL 33012

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1994

5. FEI Number

65-0560732

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RODRIGUEZ, JOSE RAMON	509 W. 49TH STREET	HIALEAH FL 33012
D	RODRIGUEZ, JOSE RAMON JR.	509 W. 49TH STREET	HIALEAH FL 33012
D	MAGOLNICK, ELENA M	100 S.E. 2ND ST., 37TH FLOOR	MIAMI FL 33104
D	ZELAYA, JOHN C	1 S.E. 3RD AVE., SUITE 2250	MIAMI FL 33131
			700002905297--7 -06/15/99--01070--028 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MAGOLNICK, JOEL S ESQ.
3700 NATIONSBANK TOWER
100 S.E. 2ND STREET
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002905297--7

-06/15/99--01070--029

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date 6/7/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Ramon Rodriguez

Date

Daytime Phone #

CR2E040 (9/98)