

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED
1996 DEC 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000038002

1 Corporation Name

AUTO PAWN OF THE TREASURE COAST, INC.

Principal Place of Business

Mailing Address

~~800 SE CASEY OAKLIN ET AL~~
~~515 N FLAGLER DRIVE #1900~~
~~WEST PALM BEACH FL 33401~~

~~800 SE CASEY OAKLIN ET AL~~
~~515 N FLAGLER DRIVE #1900~~
~~WEST PALM BEACH FL 33401~~



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

05/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5555 South US #1

Post Office Box 908

City & State

City & State

Fort Pierce, FL

Fort Pierce, FL

Zip

Country

Zip

Country

34982

St Lucie

34954

St Lucie

5. FEI Number

Applied For

NO EMPLOYEES

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
Pres	Steven L. Barnett	5555 South US Highway #1	Fort Pierce, FL 34982

600002030066--5
-12/17/96--01024--006
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASEY, PATRICK J ESQ.
515 N. FLAGLER DR. #1900
WEST PALM BEACH FL 33401

Name

S.L. Barnett

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

5555 South US Highway #1

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

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

Date 16 October 96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(l), 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

Date

Daytime Phone #