

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

97 OCT 29 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000000102

1. Corporation Name

FAIR \$ PAWN, INC.

Principal Place of Business

Mailing Address

1700 PARK AVE.
ORANGE PARK FL 32073

1700 PARK AVE.
ORANGE PARK FL 32073

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

12/27/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3416378

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)

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
DVS	FERRETTI, NANCY S	424 WEST SATURN LANE	ORANGE PARK FL 32073
DPT	POPE, JAMES T	424 WEST SATURN LANE	ORANGE PARK FL 32073

500002334455-4
-10/30/97--01116--003
****165.00 ****165.00

8. Name and Address of Current Registered Agent

POPE, JAMES T
424 W. SATURN LANE
ORANGE PARK FL 32073

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

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:

James T. Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/97
Date

904-264-4151
Daytime Phone #

CR2E040 (8/97)

OCTOBER 27,1997

FAIR \$ PAWN
1700 PARK AVENUE
ORANGE PARK, FL. 32073

DOC.P97000000102

TO WHOM IT MAY CONCERN:

THIS CORPORATION WAS ORIGINALLY STARTED IN MAY 2,1997 AS FAIR TITLE LOAN.THE REGISTERED AGENT FOR THE CORPORATION WAS LEE MARK FAIRCLOTH. ON APRIL 28,1997, WE STARTED BUYING THE PAWN SHOP FROM MR.FAIRCLOTH. WE WERE LICENSED ON OCTOBER 16,1997 (LIC.# 01192) ON OCTOBER 17, 1997, I RECEIVED THE NOTICE OF ADMINISTRATIVE DISSOLUTION. I NEVER RECEIVED THE ORIGINAL FORMS FROM THE STATE. DURING THE TRANSITION BETWEEN PURCHASING AND LICENSING, MR. FAIRCLOTH ASSURED ME THAT HE WAS MAINTAINING ALL NECESSARY PAPERWORK IN A TIMELY MANNER. HAD I RECEIVED THE ORIGINAL NOTICE, I WOULD HAVE FILED ON TIME AS REQUIRED. I WOULD FURTHER ASSURE YOU THAT HENCEFORTH, ALL FORMS WILL BE FILED IN COMPLIANCE WITH STATE REQUIREMENTS. THIS LETTER IS WRITTEN AS PER MY CONVERSATION WITH YOUR OFFICE AT 11:00 A.M. ON OCTOBER 27,1997. THANK YOU FOR YOUR ASSISTANCE ON THIS MATTER.

SINCERELY,

James T. Pope