

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 MAR 15 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000098129

1. Corporation Name

LANTANA PAWN, INC.

2. Principal Office Address

310-A NORTH DIXIE HWY

Suite, Apt. #, etc.

A

City & State

LANTANA, FLORIDA

Zip

33462

Country

USA

3. Mailing Office Address

310-A NORTH DIXIE HWY

Suite, Apt. #, etc.

A

City & State

LANTANA, FLORIDA

Zip

33462

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

11-17-1997

5. FEI Number

65-0796173

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN V. ALVAROE

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

3181 SOUTH MILITARY TRAIL

Suite, Apt. #, Etc.

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-03/23/00--01019--004

****900.00 ****300.00

City

LAKE WORTH

State

FL

Zip Code

33463

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

3/9/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	KEVIN S. HICKMAN	1511 LEE CT., LAKE WORTH, FL 33461	
VP; SECRETARIES	TRACY L. HICKMAN	1511 LEE CT., LAKE WORTH, FL 33461	

REINSTATEMENT 99.00 TS

10. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACY L. HICKMAN

Date

3/9/00

Daytime Phone #

561-379-8372

CR2E081 (9/99)