

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000103115

1. Corporation Name
G.Y.N. JEWELRY PAWN SHOP, INC.

Principal Place of Business
2901 S.W. 8 ST. # 104
MIAMI, FL. 33135

Mailing Address
2901 S.W. 8 ST. # 104
MIAMI, FL. 33135

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 12/08/1997	
5. FEI Number 65-0798389	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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/P	YSABEL Y. GONZALEZ	9131 FONTAINEBLEU BLV. UNIT#8	MIAMI, FL. 33172
S/T	GLORIA MEYER	9131 FONTAINEBLEU BLV. UNIT#8	MIAMI, FL. 33172

SP

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
YSABEL YOLANDA GONZALEZ 9131 FONTAINEBLEU BLV. UNIT # 8 MIAMI, FL. 33172		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State 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 *[Signature]* Date 6-17-99

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 06-17-99 (305) 5415692 Daytime Phone #

CR2040 (1/98)

2

JUNE 9TH, 1999

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

RE : G.Y.N. JEWELRY PAWN SHOP, INC.
REF # P97000103115

GENTLEMEN:

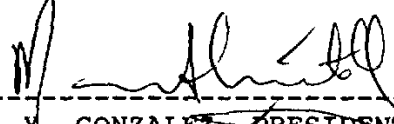
BY YOUR LETTER DATED 5/26/99 YOU INFORMED US ABOUT THE
DISSOLUTION OF THE CORP. MENTIONED ABOVE.

PLEASE ENCLOSED FIND A REINSTATEMENT APPLICATION ANNUAL REPORT AND
\$ 300.00 CHECK AS PER PHONE CONVERSATION WITH YOUR DEPARTMENT.

YOUR ANNUAL REPORT WAS NEVER RECEIVED BY US AND THAT IS WHY, IT WAS
NOT PAID ON TIME.

WAITING FOR YOUR ANSWER WE REMAIN.

VERY TRULY

X 

YSABEL Y. GONZALEZ, PRESIDENT
G.Y.N. JEWELRY PAWN SHOP, INC.
2901 S.W. 8 ST. # 104
MIAMI, FL. 33135