

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG -1 AM 9:16

DOCUMENT # P98000003029

1. Corporation Name

Pawnbroker Holdings, Inc.

2. Principal Office Address

821 N. Wabash Ave
Lakeland, FL 33815

Suite, Apt. #, etc.

N/A

City & State

Lakeland, FL

Zip

Country

33815

Polk

3. Mailing Office Address

821 N. Wabash Ave
Lakeland, FL 33815

Suite, Apt. #, etc.

N/A

City & State

Lakeland, FL

Zip

Country

33815

Polk

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1998

5. FEI Number

59-3488306

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

Robert F. Harper IV

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

908 S. Florida Ave

Suite, Apt. #, Etc.

Suite 106

City

Lakeland

State

FL

Zip Code

33803

800004538698-6

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****450.00 ****450.00

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 7-27-2001

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
P, T	Robert F. Harper IV	908 S. Florida Ave, Suite 106	Lakeland, FL 33803
v-P, S	Paul J. Browne	821 N. Wabash Ave	Lakeland, FL 33815

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert F. Harper IV

President 7-27-2001

Date

863-682-7666

Daytime Phone #

CP2E081 (9/99)