

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 30 AM 8:58

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **P98000085923**

1. Corporation Name

LONESTAR JEWELRY & PAWN, INC.

Principal Place of Business

Mailing Address

350 9TH STREET NORTH
 ST. PETERSBURG FL 33705
 US

350 9TH STREET NORTH
 ST. PETERSBURG FL 33705
 US



REINSTATEMENT

80

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

10/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3555631

Applied For

City & State

City & State

Not Applicable

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	4 City / State / Zip
sp	ASHMEAD, MICHAEL	350 9TH STREET NORTH	ST. PETERSBURG FL 33705
rs	ASHMEAD, RICHARD	350 9TH STREET NORTH	ST. PETERSBURG FL 33705
			600003463686--4 -11/15/00--01021--003 ****750.00 ****750.00
			600003463686--4 -11/15/00--01021--004 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

ASHMEAD, MICHAEL
 350 9TH STREET NORTH
 ST. PETERSBURG FL 33705

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

Michael Ashmead
 REGISTERED AGENT MUST SIGN

Date 10-26-2000

11. 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:

Michael Ashmead
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-2000

Date

Daytime Phone #

KE

CR2E040 (8/00)