

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000058053

1. Corporation Name

ALACHUA PAWN & JEWELRY, INC.

Principal Place of Business

728 N.W. 8TH AVE.
GAINESVILLE, FL 32601

Mailing Address

728 N.W. 8TH AVE.
GAINESVILLE FL 32601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

16411 W. Martin Luther King Hwy
Suite, Apt. #, etc.

City & State
Alachua FL

Zip 32615 Country USA

3. New Mailing Office Address, If Applicable

3720 NW 43rd St
Suite, Apt. #, etc. Suite 100

City & State
Gainesville FL

Zip 32606 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1999

5. FEI Number

59-3720459

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Edward L. Dugger	3720 NW 43rd St #100	Gainesville, FL 32606

8. Name and Address of Current Registered Agent

SCOTT, STEPHEN A
728 N.W. 8TH AVE.
GAINESVILLE FL 32601

9. Name and Address of New Registered Agent

Name Edward L. Dugger
Street Address (P.O. Box Number is Not Acceptable) 3720 NW 43rd St #100
Suite, Apt. #, Etc.
City Gainesville State FL Zip Code 32606

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

REGISTERED AGENT MUST SIGN

Date 4-15-02

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)(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

REQUIRED

Date

4-15-02

Daytime Phone #

CR2E040 (800)