

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000065849

1. Corporation Name

PAWN DEPOT OF COUNTRYSIDE, INC.

000009346950
12/26/02--01027--004 **150.00

REINSTATEMENT 00-02

2. Principal Office Address

29344 U.S. Hwy 19 North

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Zip Country

33761

Pinellas

**4. Date Incorporated or Qualified
To Do Business in Florida**

7/19/99

5. FEI Number

59-3604326

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

Martin Coulombe

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

29344 U.S. Hwy 19 North

Suite, Apt. #, Etc.

City

Clearwater,

State

FL

Zip Code

33761

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

Martin Coulombe

Date 11-26-02

REGISTERED AGENT MUST SIGN

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/D | Eugene M. Myers | 9251 98th Avenue North | Seminole, FL 33777 |
| S/T/D | Martin Coulombe | 29344 U.S. Hwy 19 North | Clearwater, FL 33761 |
| D | Ronald Willis | 1360 Cleveland Street | Clearwater, FL 33755 |
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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:

Martin Coulombe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-786-1202

Date

Daytime Phone #

CR2E081 (9/99)