

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S93210

1. Corporation Name

SOUTH FLORIDA GUN & PAWN, INC.

FILED

98 DEC 18 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

844 S. FLORIDA AVENUE
LAKELAND FL 33801
US

844 S. FLORIDA AVE
LAKELAND FL 33801
US

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

11/08/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3085340

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	TURBEVILLE, HUGH J	1204 ROLLINGWOODS LN	LAKELAND FL
D	KASSAW, GAYNELL	3604 WATERFIELD PKWY	LAKELAND FL
D	HARRITT, NORMAN L	327 HOWARD AVE	LAKELAND FL

700002724187--9
-12/29/98--01006--014
****750.00 ****750.00

B-12/11/98 REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRITT, NORM
844 S. FLORIDA AVE
LAKELAND FL 33801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

Norman L. Harritt

REGISTERED AGENT MUST SIGN

Date

12/11/98

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:

Norman L. Harritt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/98

Date

941-688-0498

Daytime Phone #

CR2E040 (3/98)