JUN-22-2001, 09:19 EMPIRE CORPORATE KIT P.02/04

(2)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 22 AM 11:40

CORPORATION REINSTATEMENT

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

DOCUMENT # V22003

REINSTATEMENT 99.01

1. Corporation Name

Classic Pawn, Inc.

2. Principal Office Address	3. Mailing Office Address
2720 W. Broward Blvd.	2720 W. Broward Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdale, FL
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: March 18, 1992

5. FEI Number: 65-0327421 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $52.50 Amount Enclosed

7. Name and Address of Current Registered Agent

Name: Barry Alan Wilen, Esq.

Street Address (P.O. Box Number is Not Acceptable): 4601 Sheridan Street

Suite, Apt. #, Etc.: 208

City: Hollywood State: FL Zip Code: 33021

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: [signature] Date: 6/21/01

REGISTERED AGENT MUST SIGN

CR2E061 (10/00)

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	Steven Gambardella	2720 W. Broward Blvd.	Fort Lauderdale, FL 33312

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 the 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] 6/10/01 (954)792-7676

SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

STEVEN GAMBARDELLA, President

H01000075498

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000075498 5)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

Please note we are filing the reinstatement + then file amendment. Thank you.

CORPORATION REINSTATEMENT

CLASSIC PAWN, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,050.00