

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
08 SEP 10 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V46408

1. Corporation Name

Steve's Friendly Pawn, Inc

200135650052  
09/10/08--01028--005 \*\*1058.75

2. Principal Office Address - No P.O. Box #

1953 Pembroke Road

Suite, Apt. #, etc.

City & State

Hollywood, FL

Zip

33020

Country

USA

3. Mailing Office Address

36 NE 1st Street

Suite, Apt. #, etc.

Suite 1046

City & State

Miami, FL

Zip

33132

Country

USA

**REINSTATEMENT**

06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/16/1992

5. FEI Number  
65-0346080

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

Steven Neckman

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

5232 Fisher Island Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33109

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 08/18/2008

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
V	Shelley Neckman	3650 N 36th Ave, Villa #63	Hollywood, FL 33021
P	Steven Neckman	5232 Fisher Island Dr	Miami Beach, FL 33109

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 contained in Chapter 119, 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:

Steven Neckman

08/18/2008

954-558-0850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/10 00