

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000031237

Entity Name: TP PAWN, INC.

**FILED**  
**Oct 18, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1248 E FOWLER AVE.  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

1799 N. HIGHLAND AVE.  
APT D31  
CLEARWATER, FL 33765 US

**New Mailing Address:**

1248 E FOWLER AVE.  
TAMPA, FL 33612 US

FEI Number: 26-4628074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THE LAW OFFICES OF NICK SPRADLIN, PLLC  
12000 NORTH DALE MABRY HWY  
SUITE 110  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NICK SPRADLIN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: PAVONE, PHILIP  
Address: 442 E. MAIN STREET  
City-St-Zip: NORWICH, CT 06360 US

Title: S  
Name: PAVONE, PAUL  
Address: 442 E. MAIN STREET  
City-St-Zip: NORWICH, CT 06360 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP PAVONE

DPT

10/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date