

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000095095

1. Corporation Name

J&P Pawn Enterprises, Inc.

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

2409 West Oak Ridge Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32809

Country

USA

3. Mailing Office Address

2409 West Oak Ridge Road

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32809

Country

USA

000163589130
12/14/09--01061--006 **122.50

REINSTATEMENT

08-09

4. Date Incorporated or Qualified

To Do Business in Florida **January 8 of 1998**

5. FEI Number

59-3476124

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Pedro Astudillo

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

2409 West Oak Ridge Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32809

☒ 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

Pedro Astudillo

Date **12/11/09**

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	Pedro Astudillo	2409 West Oak Ridge Road	Orlando, Florida

000163589130
12/21/09--01053--016 **177.50

10. E-mail Address: **pedroastudillo@att.net**

(To be used for future annual report notification)

11. 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. I further certify, 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:

Pedro Astudillo **PE德罗 ASTUDILLO**

12/11/09

407-846-1661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #