

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 SEP 29 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800023441239  
09/30/03--01049--002 \*\*\$900.00

**REINSTATEMENT 0203**

DOCUMENT # P990000064247

1. Corporation Name

A Superior Pawn Inc.

2. Principal Office Address

12101 S.R. 52

Suite, Apt. #, etc.

1

City & State

HUDSON FL

Zip 34669

Country U.S.  
PASCO

3. Mailing Office Address

12101 SR 52

Suite, Apt. #, etc.

City & State

HUDSON, FL

Zip 34669

Country U.S.  
PASCO

4. Date Incorporated or Qualified  
To Do Business in Florida

07-20-99

5. FEI Number

593587556

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

Bryan N. Beauchamp

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

12101 SR 52

Suite, Apt. #, Etc.

City

HUDSON

State

FL

Zip Code

34669

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

Bryan N. Beauchamp

REGISTERED AGENT MUST SIGN

Date 9-22-03

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	Bryan N. Beauchamp	9400 SAVOY CT.	NEWPORT RICHEY, FL 34654

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 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:

Bryan N. Beauchamp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-03

Date

(720) 856-5956

(202) 236-0120

Daytime Phone #

CR2E091 (10/02)

jk