

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 12 AM 8:59

DOCUMENT # N05000000643

1. Corporation Name

Superior Gardens Homeowners
Association, Inc.

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

2296 NW 136th Ter

Suite, Apt. #, etc.

City & State

Opalocka, FL

Zip

33154

Country

USA

3. Mailing Office Address

918 Ocean Drive

Suite, Apt. #, etc.

207

City & State

Miami Beach, FL

Zip

33139

Country

USA

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-2825988

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

European American R.E. Inc.

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

918 Ocean Drive

Suite, Apt. # Etc.

207

City

Miami Beach

State

FL

Zip Code

33139

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date 11/1/08

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	Felicia Nealy	11616 SW 19 street	MIRAMAR, FL 33025
S	Ediane Bocaille	2266 NW 136 terrace	Opalocka, FL 33054
T	Sairo Rosero	2289 NW 136 Terrace	Opalocka, FL 33054

REINSTATEMENT 07-08

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11/12/08--01023--006 **297.50

B. 11/13/08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]

Date

11/1/08

Daytime Phone #