PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations		I	FILED 5 JUL 22 PH 3: 13	
DOCUMENT # 3,24162 1. Corporation Name			— Si TA	SEGNELANASSEE, LÜGEDA	
SUPER O, INC.			OJK?		
2. Principal Office Address	3. Mailing Office Address		_ p	iotatement 08-06	
3645 NW7 ST			11月11月	ISTATEMENT <u>98-0</u> 5	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		4. Date Incorp	orated or Qualified	
City & State	City & State		To Do Busii	To Do Business in Florida /2/2/677	
MIAMI YL			5. FEI Number 5 9 -	1203859 Applied For Not Applicable	
Zip Country	Zip	Country	6. CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status	
	7. Name and A	idress of Current Regis	tered Agent		
Street Address (P.O. Box Number is N. Suite, Apt. #, Etc. City 8. I, being appointed the registered agent of the about Signature of Registered Agent Registered Agent	iot Acceptable)	rrice	e obligations of section	State Zip Code FL 39/25 on 607.0505 or 617.0503, F.S. Date 2/25	
9. Names and Street Addresses of Each Officer an	d/or Director (Florida nonprof	it corporations must list a	t least 3 directors)		
Titles Name of Officers and/or Directors	Name of Street Address of E- Officers and/or Directors Officer and/or Directors			City / State / Zip	
POST ML MARKES	364	5 NW 7	17	M/AM; FL 33125	
			적 07/2	00057712884 0/0501038004 **1808.75	
	solution has been eliminated, names of individuals listed o	the corporate name satis n this form do not qualify:	fies the requirements for an exemption und	pter 607 or 617, F.S. I further certify that when filling of section 607.0401 or 617.0401, F.S., that all fees er section 119.07(3)(i), F.S. The information indicated	
SIGNATURE: SIGNATURE AND TYPED OR PE	ser Me	HARRIS	= 7/19/1	05 540-725-7557 Date Daytime Phone #	