

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
99 MAR 29 11 17:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **461174**

1. Corporation Name

SUPREME INVESTMENT CORPORATION

Principal Place of Business

129 AVE R. NORTHWEST
WINTERHAVEN FL 33881

Mailing Address

129 AVE R. NORTHWEST
WINTERHAVEN FL 33881

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

09/16/1974

5. FEI Number

59-1633545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	MUNROE, DAVID	129 AVE R. NORTHWEST	WINTERHAVEN FL 33881
S	CLARK, WILLIE	1928 3RD ST N E	WINTER HAVEN FL

300002837413--7
-04/13/99--01006--026
****908.75 ****908.75

8. Name and Address of Current Registered Agent

MUNROE, DAVID
129 AVE R. NORTHWEST
WINTERHAVEN FL 33881

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

David Munroe
REGISTERED AGENT MUST SIGN

Date: 1/30/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax)

12. 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:

David Munroe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date: 1/30/99

Original Filing Fee

CR2E040 (9/98)