

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPROVED AND FILED

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

96 NOV -4 PH 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005148

1. Corporation Name

SUPERIOR CARRIERS, INC.

Principal Place of Business

11 HIGHWAY EAST  
MARION VA 24354

Mailing Address

11 HIGHWAY EAST  
MARION VA 24354

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

2. New Principal Office Address, If Applicable

2122 York Rd

Suite, Apt. #, etc.

Suite 150

City & State

Oakbrook, IL

Zip

60521

Country

USA

3. New Mailing Office Address, If Applicable

2122 York Rd

Suite, Apt. #, etc.

Suite 150

City & State

Oakbrook, IL

Zip

60521

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/23/1995

5. FEI Number

54-0464348

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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
CEOC	LEWIS, RICHARD T	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
DV	O'DONNELL, WILLIAM J	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
VS	LAVERY, WILLIAM R	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
CT	DOLL, GERALD W	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521
D	LANDERGAN, WALTER L JR	294 WASHINGTON STREET	BOSTON MA 02108
D	NEWMAN, KEVIN P	2122 YORK ROAD, SUITE 150	OAK BROOK IL 60521

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

700001998437--9

Suite, Apt. #, Etc.

-11-07/96--01013--006

\*\*\*375.00 \*\*\*375.00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

TANYA M. VILLAR  
SPECIAL ASSISTANT SECRETARY

Date 10-29-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

*[Signature]* **REQUIRED** Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-96 630-573-2555

Date Daytime Phone #