

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

05 APR 19 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F99000002882**

**1. Corporation Name**

F9900002882  
Superior Fabric Care II, Inc.

**2. Principal Office Address**

417 Pecan Point Drive

**3. Mailing Office Address**

417 Pecan Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kerens, TX

City & State

Kerens, TX

Zip

75144

Country

US

Zip

75144

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

6/4/99

**5. FEI Number**

752822468

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

T. Geoffrey Heekin, Esquire

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

Suite, Apt. #, Etc.  
Suite 2200

City

Jacksonville

State

FL

Zip Code

32202

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date **4-18-05**

**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
PS	<b>TONY RAMJI</b> Joseph Wheeler	<b>4760 PRESTON RD #244301</b> 447 Pecan Point Drive	<b>FRISCO, TX 75034</b> Kerens, TX 33324
C	Robert L. Griffin	417 Pecan Point Drive	Kerens, TX 33324

**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)(l), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/5/05**

Date

**972 523 8622**

Daytime Phone #

CR2E081 (01/05)