

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 27 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G49835**

1. Corporation Name

SUPERIOR Mortgage Financing Co.

2. Principal Office Address

8960 SW 87 Ct.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#21

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33176

Country

DADE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/21/83

5. FEI Number

592323286

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

Mari V. Blanco

300004217483-6

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

8960 SW 87 Ct #21

-05/15/01 -01082-021

******150.00 ****150.00**

Suite, Apt. #, Etc.

MIAMI FL 33176

300004217483-6

-05/15/01 -01082-022

State **900.00 ****900.00**

City

FL

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

Mari V. Blanco

REGISTERED AGENT MUST SIGN

Date

8/01/00

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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

Pres/ Mari V. Blanco

6081 SW 153 CTRD

MIAMI FL 33193

Director Mari V. Blanco

6081 SW 153 CTRD

MIAMI FL 33193

**Treasurer
Secretary Mari V. Blanco**

6081 SW 153 CTRD

MIAMI FL 33193

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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)(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:

Mari V. Blanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/01/00
Date

305 271-7888
Daytime Phone #

CH2E081 (9/99)