

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT -9 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # H27985

**1. Corporation Name**

SUPERIOR SOLAR SYSTEMS INC

**2. Principal Office Address**

480 LK BENNETT CT

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

Zip

32750

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

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

10-31-1984

**5. FEI Number**

59-2456818

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

DAVID HADDAWAY

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

142 SHERIDAN AVE

Suite, Apt. #, Etc.

City

LONGWOOD

State

FL

Zip Code

32750

**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 OCT 7<sup>th</sup> 2003

**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
OPS.	HADDAWAY, DAVID	142 SHERIDAN AVE	LONGWOOD, FL 32750

**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:

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

OCT 7<sup>th</sup> 2003

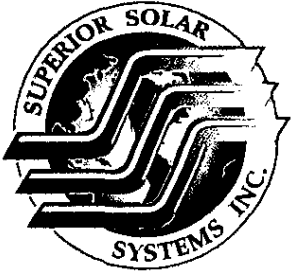
Date

407-331-9077

Daytime Phone #

CR2E081 (10/02)

7/10/00



**SUPERIOR  
SOLAR  
SYSTEMS, INC.**

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October 7, 2003

Department of State  
Division of Corporations  
P.O Box 6327  
Tallahassee, FL 32314

RE: Document #H27985

To Whom It May Concern:

We were wondering what happened to our annual report that normally arrives in the mail and we came to the conclusion that it did not arrive due to the fact that the city changed our address (although our physical location remains the same) sometime around January 2003. We had our address changed but failed to notify every possible entity of the occurrence.

Our new address is as follows:

Superior Solar Systems, Inc.  
480 Lake Bennett Court  
Longwood, FL 32750

I contacted an examiner at the Florida Department of State and was instructed to download a corporation reinstatement form and return it with a check for \$150.00 and a letter of explanation in order to reinstate the corporation.

If you have any questions, please contact me directly at (407) 331-9077.

Sincerely,

David Haddaway  
President  
Superior Solar Systems, Inc.