

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

06 MAR 17 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J08947

1. Corporation Name

SUPERIOR ADJUSTING SERVICE INC.

2. Principal Office Address

3971 Spyglass Hill Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34238

Country
USA

3. Mailing Office Address

3971 Spyglass Hill Road

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34238

Country
USA

REINSTATEMENT

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 4/11/1986

5. FEI Number
592664658

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
BUDDY YAWN

Street Address (P.O. Box Number is Not Acceptable)
10006 Reagan Dairy Trail

Suite, Apt. #, Etc.

City
Bradenton

State
FL

Zip Code
34212

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

Date 3-10-06

REGISTERED AGENT MUST SIGN

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
D	KEENE, BEVERLY ANN	3971 Spyglass Hill Road	Sarasota, FL 34238
D	KEENE, Joseph A.	3971 Spyglass Hill Road	Sarasota, FL 34238

600069975266

04/10/06--01087--025 **1650.00

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 contained in Chapter 119, 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:

Beverly Ann Keene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-06 941.926.2903

Date

Daytime Phone #