

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76599

1. Corporation Name

SUPER SWIM CORP.

2. Principal Office Address

10711 Deer Run Farm Rd.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

None

City & State

Ft Myers, Florida

City & State

SAME

Zip

33966

Country

Lee

Zip

SAME

Country

4. Date Incorporated or Qualified
To Do Business in Florida

June 9 1987

5. FEI Number

65-0012895

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

DONALD BELLERIVE

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

10711 Deer Run Farm Rd.

Suite, Apt. #, Etc.

None

City

Ft. Myers,

State

FL

Zip Code

33966

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

Donald Bellerive
REGISTERED AGENT MUST SIGN

Date 11-15-06

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
P/V/D	DONALD BELLERIVE	10711 Deer Run Farm Rd.	Ft Myers, FL 33966

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: DONALD BELLERIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald Bellerive

11-15-06 239-275-7600

Date

Daytime Phone #