

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L71826

1. Corporation Name

SUPERIOR VACUUM, INC.

Principal Place of Business

Mailing Address

~~1981 Hendersonville Rd~~
~~Suite #20~~
~~Panama Bch, FL~~
~~33069~~

~~1981 Hendersonville Rd~~
~~Suite #20~~
~~Panama Bch, FL~~
~~33069~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1981 Hendersonville Rd
Suite, Apt. #, etc. Suite #20

City & State
Panama Bch, FL

City & State
Panama Bch, FL

City & State
Panama Bch, FL

Zip
33069

Zip
33069



REINSTATEMENT

96

4. Date Incorporated or Qualified To Do Business In Florida

05/10/1990

5. FEI Number

05-0180941

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
|---------------|--|--|--------------------------|
| D/P | HANZL, THOMAS S. | 7317 NW 39TH STREET | CORAL SPRINGS FL 33065 |
| V | Sinclair, Mark A. | 7590 NW 75th Drive | Parkland, FL 33067 |
| T | Herman, Richard T. | 240 Imperial Lane | Ft. Lauderdale, FL 33308 |
| M | McEntee, Brian | 5510 Lyons Rd #206 | Coconut Creek, FL 33073 |
| | | | 300001997323--6 |
| | | | -11/06/96--01026--007 |
| | | | ***375.00 ***375.00 |
| | | | JB11-5-96 |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~1981 Hendersonville Rd~~
~~Suite #20~~
~~Panama Bch, FL~~
~~33069~~

Name Thomas Hanzl
Street Address (P.O. Box Number is Not Acceptable) 7317 NW 39th Street
Suite, Apt. #, Etc.
City Coral Springs, State FL Zip Code 33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Thomas Hanzl

Date 10/29/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: Thomas Hanzl REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/4/96 (501) 968-9999
Daytime Phone