

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

[Redacted]

[Redacted]

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

2. New Principal Office Address, If Applicable  
1981 Harrisonville Rd

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite #20

Suite, Apt. #, etc.

City, State Pompano Bch, FL

City & State

Zip 33069 Country

Zip Country

REINSTATEMENT *96*

4. Date Incorporated or Qualified To Do Business in Florida 05/10/1990

5. FEI Number 05-0180041 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
			<i>JB11-5-96</i>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

[Redacted]

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* REGISTERED AGENT MUST SIGN Thomas Hanzl Date 10/29/96

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)(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: *Thomas Hanzl* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CORPORATION (1/7/96)