

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 14 PM 4:07

DOCUMENT # **M00484**

1. Corporation Name

SUPERIOR MANAGEMENT GROUPS, INC.

Principal Place of Business

8676 E. BEND RD.
BURLINGTON KY 41005

Mailing Address

8676 E. BEND RD.
BURLINGTON KY 41005



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1984

5. FEI Number

59-2406129

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
PD	BOSTOM, ALAN	8676 E BEND RD	BURLINGTON FL 41005

300003178553-5
-03/22/00--01002--005
****900.00 ****900.00

8/3/15

8. Name and Address of Current Registered Agent

SILFEIGLEIT, DAVID C.
18267 NE 4TH CT
N. MIAMI BEACH FL 33162

9. Name and Address of New Registered Agent

Name

David Silfeigleit

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

19380 Collins Ave

Suite, Apt. #, Etc.

923

City

Sunny Isles Bk

State

FL

Zip Code

33160

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

2/4/00

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/13/00

Daytime Phone #

812-926-5200

CR2E040 (8/99)