

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Suzanne Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 16 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M84090

1. Corporation Name

A-1 SUPERIOR, INC.

Principal Place of Business

Mailing Address

2426 SUCCESS DR
ODESSA FL 33556
US

2426 SUCCESS DR
~~1828 BELCHER DR.~~
ODESSA FL 33556
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2890763

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

Florida

33556

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	WALTERS, RICHARD C.	2426 SUCCESS DR	ODESSA FL 33556
			800003441568-9 -10/27/00-01014-001 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WALTERS, RICHARD C.
2426 SUCCESS DRIVE
ODESSA FL 33556

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 10-12-00

REGISTERED AGENT MUST SIGN

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

Richard C. Walters

Date

Daytime Phone #



2062

October 12, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Document # M84090

To Whom It May Concern:

Per my phone conversation today with a Mary from the Division of Corporations, I am asking that the reinstatement fee of \$ 600.00 be waived due to a mailing error.

The original notice was never received by my office this year, this was realized today when this Notice of Administrative Dissolution or Revocation was received. Please note in the mailing section it lists two street addresses 2426 Success Drive which is correct and 1328 Belcher Drive which is not. I spoke with the postmaster at the Odessa Post Office who said due to the way this item was addressed it could cause confusion and might have not been deliverable as I fear the original notice was not.

I ask that you take into consideration each year the form was sent back with the appropriate fees in the proper time frame and will be so in the future once the mailing address is corrected.

Your consideration in this matter is greatly appreciated.

Sincerely,

Richard C. Walters
Director