## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

TEL REPRESENTATION DEL GREE GOVERNMENT GRANN	
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 07 APR -9 PM 2: 19
DOCUMENT # 1. Corporation Name N9400000 3144	JELISE FAST OF STATE TALL AHAUSEE, FLORIDA
Super Singles of Floridt, INC	400097214614 94/17/9701036013 **183.75
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 1905. NOVA RD. 15245 RIVERSIDE Suite, Apt. #, etc.	REINSTATEMENT 05-07
	Date Incorporated or Qualified     To Do Business in Florida
City & State City & State	5. FEI Number Applied For
Ormond Deach Flagewater TI	59-3250348 Not Applicable
32174 VOLUSIA 32133 Nº 1 USIA	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Elizabeth & Still Street Address (P.O. Box Number is Not Acceptable) 1524 S. Riverside DR Suite, Apt. #, Etc.  City , State Zip Code	The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
Edgewater FL 32132	
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 REGISTERED AGENT MUST SIGN  Date H - H - O 7	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director	
Co-PR THUVIA FREESE GROTK long, KeDR PortoRxMge F1 32127	
CoPE Evelyn wolfe 434 NASH LANE PORTORANGEFIJA187	
VPR. WtyNe Sommers 136 FARVIEW +1	e DAYTONAFI 32114
Secritelen Musgrove 2032 JASONS	ST DRMOUD F132174
TREAF/122betH R. St. 11 1524 S. River idede Figewater F132132	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date Description Phone #	