

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

01 NOV -8 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000011079

1. Corporation Name

SUPERIOR BUILDING MAINTENANCE, INC.

Principal Place of Business

4801 S.W. 42ND AVENUE  
FT. LAUDERDALE FL 33314

Mailing Address

4801 S.W. 42ND AVENUE  
FT. LAUDERDALE FL 33314

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/19/2000

5. FEI Number

65-1819945

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PARRISH, SCOTT	POST OFFICE BOX 1777 N/A	SEGUIN TX 78153
D	PARRISH, WALLACE	POST OFFICE BOX 1777 N/A	SEGUIN TX 78153
D	Parrish, Scott	P.O. Box 292765	DAVIE, FLA. 33329
D	Parrish, Wallace	P.O. Box 292765	DAVIE, FLA. 33329

8. Name and Address of Current Registered Agent

PARRISH, WALLACE  
4801 S.W. 42ND AVENUE  
FT. LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

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

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Superior Building Maintenance

P.O. Box 292765

Davie, Fl. 3339

954-581-5487

10/16/01

To Whom It May Concern:

As per my conversation with Eula, she advised that you still have the \$600.00 for this filing of Corporation Papers and that all that was needed was our FEI # and corporation signature. As follows is the information requested. If you have any further questions please feel free to contact me at the number above.

Thank you,



Dawn McCarthy  
Bookkeeper

