

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 15 AM 8:26

DOCUMENT # P00000035400

1. Corporation Name

Superior Woodworking Inc.

2. Principal Office Address

106 Commerce Way

Suite, Apt. #, etc.

B-8

City & State

Jupiter Fl.

Zip

33458

Country

USA

3. Mailing Office Address

106 Commerce Way

Suite, Apt. #, etc.

B-8

City & State

Jupiter, Fl

Zip

33458

Country

USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

04/06/2000

5. FEI Number 65-1042579

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric C. Grimpe

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

1 Windsor rd west

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33469

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

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Eric C. Grimpe	1 Windsor rd west	Jupiter, Fl
Vice	Eric C. Grimpe	1 Windsor RD West	Jupiter, Fl.
Sec	Linene F. Grimpe	1 Windsor RD West	Jupiter, Fl.
Tres.	Linene F. Grimpe	1 Windsor RD West	Jupiter, Fl.

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 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] ERIC GRIMPE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/6/02 # 561-741-7707

Date

Daytime Phone #

CR2E081 (9/01)