## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR** 



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## P00000053676 **DOCUMENT #**

1. Corporation Name

SUPERIOR EFFORT CONSULTING, INC.

Principal Place of Business

Mailing Address

3101 W. KNIGHTS AVENUE

3101 W. KNIGHTS AVENUE

**TAMPA FL 33611** TAMPA FL 33611 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

P SCHREIBER, SEAN D					KNIGHTO AVENUE Bayou Grands /	BUB NE	ST. PETERS 1	MPAFL33611- T. PETERSAURC, FL 33703		
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			4 City	City / State / Zip		
7. Names	and Street Ad	dresses of Each Officer and	d/or Director (Flo	rida nonpro	fit corporations must list a	t least 3 directors	)			
Zip 3370	03	Country US4	Zip 3370	3	Country USA	CERTIFIC	ATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of State		
ST. PETERSSORE, FL			City & State ST-PETBRISHING, FL			<u> 59-</u>	<u> </u>			
Suite, Apt. #, etc. /865 Bayou Grande Blub NE			1865 BAYON GRANDE BUD NE				Applied For			
			Suite, Apt. #, etc.				- 15 Do Business in Florida 05/25/2000			

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			-1	A PARTIE AND A PAR			
<del>- i</del>	8. Name and Address of Current Registers		9. Name and A	ddress of New Registere	d Agent		

SCHREIBER, SEAN D 3101-W. KNIGHTS AVENUE TAMPA FL 33811

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

BAYOU GRANDE BUND NE

Suite, Apt. #, Etc

ST PETERIBURG

State | Zip Code 33205

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 Age



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.

Davtime Phone #

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December 18, 2001

Florida Department of State
Attn: Barbara Mitchell – Document Specialist
P.O. Box 6327
Tallahassee, FL 32314

Subject: Superior Effort Consulting, Inc.

Ref Number: P0000053676

Ms. Mitchell.

Thank you for your prompt attention to my situation. I have enclosed photocopies of our previous correspondence for your records, as well as my completed Uniform Business Report Application for Reinstatement.

This letter should serve as sufficient documentation for the original non-receipt of the UBR because of my change of address and postal mix-up. This should waive the \$400 late fee as I never received the original documentation.

I have also included a check for \$150 made out to the Florida Department of State for my yearly fee to the Division of Corporations. I will expect my next UBR to be sent to my new address (updated on the form) so I can pay the fee early in the year this time.

Thank you again for your help in this matter.

Respectfully,

Sean D. Schreiber

Superior Effort Consulting, Inc.

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