

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 16 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #000000053835

1. Corporation Name

SUPERIOR SERVICES & Supply, INC.

2. Principal Office Address

4318 NOWLING RD

Suite, Apt. #, etc.

City & State

JAY, FL

Zip

32565

Country

SANTA ROSA

3. Mailing Office Address

4318 NOWLING RD

Suite, Apt. #, etc.

City & State

JAY, FL

Zip

32565

Country

SANTA ROSA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/25/2000

5. FEI Number

593663230

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

LARRY E. BANKESTER

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

4318 NOWLING RD

Suite, Apt. #, Etc.

City

JAY

State

FL

Zip Code

32565

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

Larry E. Bankester

Date 11 June 2004

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
P	DR MARILYN L. ROBINSON	350 W HWY 4	CENTURY/FL/32535
VPC	LARRY E. BANKESTER	4318 NOWLING RD JAY, FL 32565	JAY/FL/32565

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:

Larry E. Bankester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11 JUNE 2004 850-675-0746

Date

Daytime Phone #

CR2001 (01/04)