

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -5 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058832

1. Corporation Name

SUPER SUDZ INC.

REINSTATEMENT 03-04

2. Principal Office Address

158 NW 57 AVE.

3. Mailing Office Address

3151 SW 16 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33126

Country

Zip

33145

Country

4. Date Incorporated or Qualified

To Do Business in Florida 06/16/2000

5. FEI Number

651037896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200030947192

03/23/04--01106--008 **300.00

7. Name and Address of Current Registered Agent

Name

ANDRES R. QUINTA

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

3151 SW 16 STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33145

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**

[Handwritten Signature]

Date

4-2-04

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
President	Andres R. Quintera	3151 SW 16 ST.	Miami, FL. 33145

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:

[Handwritten Signature] Andres Quintera

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/14/04 786-262-4637

Daytime Phone #

CR2E081 (01/04)

March 12, 2003

To show it may concern,

I'm writing to you at this time basically to ask you to re-activate my status. I wasn't aware of any problems till a couple of days ago while finishing up my taxes my accountant informed me of this problem. I never ~~sees~~ ^{got} a bill to the best of my knowledge. Again I didn't have a clue that something was wrong or unpaid. This is why I ^{beg} that you waive the late fees. Please accept the enclosed check, and my sincere apologies and commitment to never letting this happen again.

Sincerely Yours,

Andres Quintan

Doc# 800000058832

FBI # 651037896