


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED

06 DEC 19 AM 10:26

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045462

1. Corporation Name

Supreme Block Inc.

2. Principal Office Address

Sybil Mckenzie

3. Mailing Office Address

2140 NW 76th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Margate, FL

City & State

Margate, FL

Zip

33063

Country

Broward

Zip

33063

Country

Broward

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2001

5. FEI Number

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

Sybil Mckenzie

200082620972

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

2140 NW 76th Terrace

12/19/06--01005--014 **750.00

Suite, Apt. #, Etc.

200082620972

12/19/06--01005--015 **8.75

City

Margate

State

FL

Zip Code

33063

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

Sybil Mckenzie

REGISTERED AGENT MUST SIGN

Date 12/15/06

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	Sybil Mckenzie	2140 NW 76th Terrace	Margate, FL 33063
VP	Charles Mckenzie	2140 NW 76th Terrace	Margate, FL 33063
	<i>8/12/20</i>		

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 contained in Chapter 119, 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:

Sybil Mckenzie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES MCKENZIE

Date

12/15/06

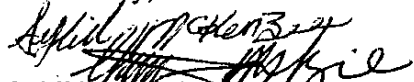
Daytime Phone #

954 3367677

To Whom It May Concern:

I am writing this letter to advise that we never receive a statement and would like all fees to be waived. I am including the amount needed to have the corporation reinstated, please find information attached hereto.

Yours truly,

A handwritten signature in dark ink, appearing to read 'Sybil McKenzie', written over a horizontal line.

Sybil Mckenzie / Charles Mckenzie
President / VP