

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000063174

1. Corporation Name

SUPERSTAR 87, INC.

2. Principal Office Address

1225 SALT MARSH LANE

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

3. Mailing Office Address

1225 SALT MARSH LANE

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32003

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/25/2001

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

DELAIN SAWYER

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

1225 SALT MARSH LANE

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32003

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

Delain Sawyer
REGISTERED AGENT MUST SIGN

Date

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
D	ROD GARDNER	1225 SALT MARSH LANE	ORANGE PARK, FL 32003
D	DANNY CARTER	3491 BUCKHEAD LOOP STE	ATLANTA, GA 30326
D	DELAIN SAWYER	1225 SALT MARSH LANE	ORANGE PARK, FL 32003

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:

DELAIN SAWYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/03 (904) 278-4903

Date

Daytime Phone #

CR2E081 (10/02)

7/7/03