

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 5:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075272

1. Corporation Name

SUPERB, INC.

2. Principal Office Address

7401 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.A.

3. Mailing Office Address

7401 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip

33487

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/01

5. FEI Number

65-1140636

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

MICHAEL BALDASSARE

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

245 PALM TRAIL

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Michael Baldassare

REGISTERED AGENT MUST SIGN

Date

4.30.04

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,P	MICHAEL BALDASSARE	245 PALM TRAIL	DELRAY BCH FL 33483

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:

Michael Baldassare MICHAEL BALDASSARE 4.30.04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)