

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2011 SEP 22 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000075272

1. Corporation Name

Subperk, Inc.

2. Principal Office Address - No P.O. Box #

141 N.W. 20th St

Suite, Apt. #, etc.

B1

City & State

Boca Raton, Fl.

Zip

33431

Country

U.S.A.

3. Mailing Office Address

141 N.W. 20th St.

Suite, Apt. #, etc.

B1

City & State

Boca Raton, Fl.

Zip

33431

Country

U.S.A.

800211667828

09/01/11--01018--003 **150.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

651140636

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)

7004 Caviro Lane

Suite, Apt. #, Etc.

City

Boynton Beach

State

FL

Zip Code

33437

REINSTATEMENT 10-11

800211667828

09/22/11--01023--012 **758.75

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

[Signature]

Date

8/19/11

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
Pres.	Michael Baldassare	7004 Caviro Ln.	Boynton Beach, FL. 33437

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/19/11

Daytime Phone #