

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 29 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080092

1. Corporation Name

SUPERIOR BUILDING MAINTENANCE OF THE VIRGIN ISLANDS, INC.

Principal Place of Business

4601 SW 42ND AVE.
FT. LAUDERDALE FL 33314

Mailing Address

4601 SW 42ND AVE.
FT. LAUDERDALE FL 33314

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEI Number

75-3002280

Applied For

Not Applicable

6. *2-please*

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PARRISH, WALLACE II	4601 SW 42ND AVE.	FT. LAUDERDALE FL 33314

000008667720

10/29/02--01072--014 **167.50

8. Name and Address of Current Registered Agent

TYLER, WILLIAM A
5942 TRIPHAMMER RD.
LAKE WORTH FL 33463

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

W. Tyler

REGISTERED AGENT MUST SIGN

Date

10/24/02

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02

Date

9546466234

Daytime Phone #

CR20040 (8/02)

S.B.M. Of The V.I., Inc.

4601 SW 42nd Ave

Dania, Fl. 33314

MONDAY THRU FRIDAY

OFFICE OPEN 8 AM - 4 PM #954-792-7652

FAX # 954-581-2058

24 - HOUR EMERGENCIES # 954-646-6234

TO: Division of Corporations FROM: WALLY PARRISH

TEL#: PAGES: 1

FAX#: DATE: 10/24/02

COMMENTS:

Dear Sir - Jim Smith

Today I received in the mail a "NOTICE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION" notice. I immediately had my wife call (she does my book keeping) and she spoke with a lady by the name of Michelle. Michelle advised my wife (since I had not received the VBR package in the mail) to write a letter and request a waiver on the dissolution of my Corporation. Please accept my apologies on being ignorant to when it was due (I generally receive via mail). Enclosed is the \$150.00 renewal fee -as advised by Michelle to include with this letter.

My FEIN# is - 75-3002280 and I filed for the articles of incorporation on Aug. 15, 2001. Please if you have any questions you may reach me at the above numbers.

Sincerely;



Wallace G. Parrish II --- President