

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P0200067138

1. Corporation Name

SUPER FITZ INC.

900023857239
10/16/03--01059--001 **150.00

REINSTATEMENT 03

2. Principal Office Address

6642 SW 161 DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33331

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6-19-02

5. FEI Number

33-1009501

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

Leo de la Hoz

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

3785 NW 82 AVE

Suite, Apt. #, Etc.

102

City

MIAMI

State

FL

Zip Code

33166

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

L.D. John

Date

10/3/03

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
<u>PRES</u>	<u>John FITZGERALD</u>	<u>6642 SW 161 DR. DAVE</u>	<u>DAVIE, FL 33331</u>

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:

John Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03
Date

954 680-8375
Daytime Phone #

CP2E081 (10/02)

OCTOBER 13, 2003

TO: FLORIDA DEPARTMENT OF STATE

FROM: JOHN FITZGERALD

SUPER FITZ INC.

IT HAS COME TO MY ATTENTION THAT THE ANNUAL
REPORTS WOULD HAVE BEEN SENT TO THE
CORPORATIONS BY NOW. I NEVER RECEIVED THE
ANNUAL REPORT.

PLEASE ACCEPT THIS LETTER AND FILING FEE FOR
THE ABOVE MENTIONED CORPORATION.

PLEASE CALL WITH ANY QUESTIONS.

JOHN FITZGERALD-president



SUPER FITZ INC.