

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 DEC 29 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000129109

1. Corporation Name

SUCCOR SOLUTIONS, INC.

Principal Place of Business

Mailing Address

2050 NW 64TH AVENUE
FORT LAUDERDALE, FL 33313

P.O. BOX 491104
FORT LAUDERDALE, FL 33349

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/2002

5. FEI Number

05-0592145

Applied For

Not Applicable

6.

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	CAMPBELL, VERONICA A	2050 NW 64TH AVE	SUNRISE FL 33313

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAMPBELL, LINDON R
2050 NW 64TH AVENUE
SUNRISE FL 33313

Name

Veronica Campbell

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

2050 NW 64th Avenue

Suite, Apt. #, Etc.

Sunrise

City

Sunrise FL

State

FL

Zip Code

33313

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

Veronica Campbell

REGISTERED AGENT MUST SIGN

Date

9/25/03

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:

Veronica Campbell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/25/03

Daytime Phone #

CR25040 (7/03)

PO2000129109

Succor Solutions, Inc.

P.O. Box 49104

Fort Lauderdale, FL 33313

Dear Sir Madam,

In regards to PO2000129109 Succor Solutions, Inc. This corporation was established in December 9, 2002 to secure the name of the corporation there is no actual business is being performed.

We never received a report form from the Division for annual report.

We have submitted the Annual report sent to us in September with a letter and a check for \$150.00 also stating that we did not receive your Annual original form your office said they sent. The check for \$150.00 was cashed and the corporation is dissolved. Please inform me of the situation if the corporation will be reinstated.

Veronica Campbell
President

* This copies of original letter and form for reinstatement was sent on September 25, 2003. I had no idea the Department did not received the letter and form. The \$150.00 was sent chx #1558 drawn on City County credit union 9/2/03.

Veronica Campbell
12/04/03