

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JUN 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000005781**

1. Corporation Name

SUPERB CONSTRUCTION INC
30601 CR 435
SORRENTO, FLORIDA 32776

2. Principal Office Address

30601 CR 435 SORRENTO, FL 32776

3. Mailing Office Address

30601 CR 435 SORRENTO FL. 32776

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

20-0618939

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

04-05

7. Name and Address of Current Registered Agent

Name

ISMAEL A VILLAVICENCIO

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

30601 CR SORRENTO

Suite, Apt. #, Etc.

City

SORRENTO,

State

FL

Zip Code

32776

700057346977

07/12/05--01039--011--**150.00

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

REGISTERED AGENT MUST SIGN

Date

06/16/05

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	ISMAEL A VILLAVICENCIO	30601 CR SORRENTO	FLORIDA 32776
D	ARMANDO J VILLAVICENCIO	30601 CR SORRENTO	FLORIDA 32776

600056356716
06/20/05--01079--008--**750.00

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:

Ismael Villavicencio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/16/05 (407) 436-2622
Daytime Phone #

CR2E081 (01/05)