

• PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # **P04 000005781**

1. Corporation Name
SUPERB CONSTRUCTION INC
30601 CR 435
SORRENTO, FLORIDA 32776

2. Principal Office Address
30601 CR 435 SORRENTO, FL 32776

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Office Address
30601 CR 435 SORRENTO FL 32776

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

**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**

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,

700057346977
07/12/05-01039-011-**150.00

State **FL** Zip Code **32776**

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

Date **06/16/05**

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/16/05 (407)436-2622
Date Daytime Phone #

CR2E081 (01/05)