

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 11 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P05000085829**

1. Corporation Name

**Superior Ceilings of Central Florida, Inc.**

W09-51199 REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

**4413 Yachtmans Ct.**

Suite, Apt. #, etc.

3. Mailing Office Address

**4413 Yachtmans Ct.**

Suite, Apt. #, etc.

City & State

**Orlando**

City & State

**FL**

Zip

**32812**

Country

**orange**

Zip

**32812**

Country

**Orange**

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida

**June 15th 2005**

5. FEI Number  
**20-2995869**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name

**David L. Luyster**

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

**4413 Yachtmans Ct**

Suite, Apt. #, Etc.

City

**Orlando**

State

**FL**

Zip Code

**32812**

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 **11-17-2009**

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
President	David L. Luyster	4413 Yachtmans Ct.	Orlando, FL 32812

500162926205  
11/18/09--01026--009 \*\*758.75

500162926205  
12/11/09--01040--012 \*\*150.00

10. E-mail Address: **scocfi@cfl.ir.com**

(To be used for future annual report notification)

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. I further certify, 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:

**David L. Luyster**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11-17-2009 407-375-7447**

Date Daytime Phone #

12/14