

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV 30 AM 9:31

DOCUMENT # P05000156247

1. Corporation Name

SUPERIOR FLOOR RESTORATIONS, INC

W09-51156

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

2338 IMMOKALEE RD

Suite, Apt. #, etc.

306

City & State

NAPLES FL

Zip

34110

Country

USA

3. Mailing Office Address

2338 IMMOKALEE RD

Suite, Apt. #, etc.

306

City & State

NAPLES FL

Zip

34110

Country

USA

7. Name and Address of Current Registered Agent

Name

GLENN SOECHTING

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

2338 IMMOKALEE RD 306

Suite, Apt. #, Etc.

306

City

NAPLES

State

FL

Zip Code

34110

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 11/12/09

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
Pres	GLENN SOECHTING	2338 IMMOKALEE RD	NAPLES FL 34110

100162925661  
11/18/09--01028--003 \*\*750.00

10. E-mail Address: SUPERIOR FLOOR C EMBARKMAIL.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:

*[Signature]*

GLENN SOECHTING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/12/09

23825-7116

Date

Daytime Phone #

KS

100162925661  
11/30/09--01047--004 \*\*150.00  
CR2E081 (11/09)

REINSTATEMENT 08-09

4. If the corporation or licensee  
To Do Business in Florida

2005

5. FEI Number

76-0807617

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.