

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 MAY 16 AM 6:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000030192**

1. Corporation Name

**SUPERIOR PAVING & DRYWALL CORP.**

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

**5727 NW 7TH STREET**

Suite, Apt. #, etc.

**SUITE # 197**

City & State

**MIAMI FL**

Zip

**33126**

Country

**U.S.A**

3. Mailing Office Address

**5727 NW 7TH STREET**

Suite, Apt. #, etc.

**SUITE # 197**

City & State

**MIAMI FL**

Zip

**33126**

Country

**U.S.A**

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/01/2006**

5. FEI Number

**26-2555722**

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

**DAVID MORFA**

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

**500 NE 109 ST**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33161 US**

☒ 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.

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

*David Morfa*  
REGISTERED AGENT MUST SIGN

Date **5/7/2008**

**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	WILLIAM MORFA	5727 NW 7TH STREET SUITE #197	MIAMI FL 33126

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 contained in Chapter 119, 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: *William Morfa* WILLIAM MORFA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/07/2008

Date

Daytime Phone #

*Michael* MAY 16 2008