

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000063946**

1. Corporation Name

SU Services Corp

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

2019 W Coral Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2019 W Coral Dr

Suite, Apt. #, etc.

City & State

West Palm beach

City & State

WPB

Zip

33415

Country

U.S.A

Zip

33415

Country

U.S.A

7. Name and Address of Current Registered Agent

Name

Jerry J. Sabillon

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

2019 W Coral Dr

Suite, Apt. #, Etc.

City

West Palm beach

State

FL

Zip Code

33415

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 **05/29/2010**

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
P	Jerry Sabillon	2019 W Coral Dr	WPB. FL 33415

**M. MILLIGAN
EXAMINER**

JUN 22 2010

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:

Jerry Sabillon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/29/2010

Daytime Phone #

561 809 7241

FILED

10 JUN 22 PM 12:52

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

800181665638

06/03/10--01018--020 **450.00

REINSTATEMENT 08-10

4. Date Incorporated or Qualified To Do Business in Florida

01/25/07

5. FEI Number

20-4830155

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status