

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 OCT 19 PM 12:13

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P07000011657

1. Corporation Name

SUPERFISHALL, INC

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

1020 LAKESHORE DR

3. Mailing Office Address

1020 LAKESHORE DR

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

LAKE PARK, FL

City & State

LAKE PARK, FL

Zip

33403

Country

USA

Zip

33403

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1/25/2007

5. FEI Number  
20-8349230

☐ 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

JOHN SCOTT NICHOLS

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

1020 LAKESHORE DR

Suite, Apt. #, Etc.

104

City

LAKE PARK

State

FL

Zip Code

33403

☒ 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

Date

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
P	JOHN SCOTT NICHOLS	1020 LAKESHORE DR #104	LAKE PARK FL 33403

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/09

Date

561 628-0335

Daytime Phone #