

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

10 MAY -4 AM 8: 26

DOCUMENT # P07000122878

1. Corporation Name

D & D SUPERIOR CONSTRUCTION INC

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

416 RIVERWOOD CIRCLE

Suite, Apt. #, etc

City & State

ORLANDO FL

Zip

32825

Country

ORANGE

3. Mailing Office Address

416 RIVERWOOD CIRCLE

Suite, Apt. #, etc

City & State

ORLANDO FL

Zip

32825

Country

ORANGE

7. Name and Address of Current Registered Agent

Name

DELBERT HENRY

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

Suite, Apt. #, Etc.

416 RIVERWOOD CIRCLE

City

ORLANDO

State

FL

Zip Code

32835

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 03/14/2010

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
PRES	DELBERT HENRY	416 RIVERWOOD CIRCLE	ORLANDO, FL 32825

10. E-mail Address: DESDECUBA@AOL.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]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/14/2010 407-948-9017

Date

Daytime Phone #

KS

600175651556

04/14/10--01002--002 **300.00

CR2E081 (11/109)

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
26-1507159

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.

600175651556

05/10/10--01002--033 **158.75