

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2019 DEC 16 PM 12:07

DOCUMENT # P16 000010181

1. Corporation Name

SuperCloud International, Inc.

000338118520
12/16/19--01021--002 **750.00

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

401 E. Las Olas Blvd.

Suite, Apt. #, etc.

130-152

City & State

Ft. Lauderdale

Zip

33301

Country

USA

3. Mailing Office Address

401 E. Las Olas Blvd.

Suite, Apt. #, etc.

130-152

City & State

Ft. Lauderdale

Zip

33301

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

01/29/2016

5. FEI Number

82-3252519

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status --

7. Name and Address of Current Registered Agent

Name

Registered Agents Inc.

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

7901 4th St. N.

Suite, Apt. #, Etc.

Suite 300

City

St. Petersburg

State

FL

Zip Code

33702

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

Bel Hume

Date 12/13/2019

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 |
|---------------|--------------------------------------|---|-------------------------------|
| FCD | DEVERICKS, JAMES K | 401 E. Las Olas Blvd. Suite 130-152 | Ft. Lauderdale, Florida 33301 |
| SVP, D | SHAPIRO, JULIAN | 401 E. Las Olas Blvd. Suite 130-152 | Ft. Lauderdale, Florida 33301 |
| VP | BOYD, ERIC | 401 E. Las Olas Blvd. Suite 130-152 | Ft. Lauderdale, Florida 33301 |
| REINSTATEMENT | | | DEC 16 2019 |
| | | | FL HUNT |

10. E-mail Address:

jkd3x@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

James K. Devericks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-19 561-789-9474
Date Daytime Phone