

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg 1 of 2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JAN 15 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000010211**

1. Corporation Name

SU-SE-FOR, INC.

Principal Place of Business

Mailing Address

7855 NW 12TH ST.
219
MIAMI FL 33126
US

7855 NW 12TH ST.
219
MIAMI FL 33126
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

P.O. Box 680698
MIAMI FLORIDA
33168 U.S.A

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/1992

5. FEI Number

65-0373150

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PVD | CARPENTER, ENRIQUE R | 8918 EMERSON AVENUE | SURFSIDE FL 33154 |
| STD | FURELOS, PATRICIA | 8918 EMERSON AVENUE | SURFSIDE FL 33154 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

200002058562-4
-01/15/97--01022--001
****175.00 ****175.00

DBI-15-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HECHTMAN, BARRY I
8900 S.W. 107TH AVENUE
MIAMI FL 33176-1451

Name

PATRICIA FURELOS

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

14735 NW 29 AVE

Suite, Apt. #, Etc.

M

City

MIAMI

State

FL

Zip Code

33168

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Patricia Furelos

REGISTERED AGENT MUST SIGN

Date *NOV 1/96*

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Patricia Furelos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/96 *305 717 3313*
Date Daytime Phone #

CR20040 (7/96)

DEPARTMENT OF REVENUE

STATE OF FLORIDA
VOUCHER SCHEDULE

DOR Voucher No.

PG 2012
270942

TRANSACTION CODE

01/14/97 JT0307

COMPTROLLER ACCOUNT NUMBER

OBJECT
CODE25
INCREASE45
INCREASECOMPTROLLER
ACCOUNT NAME

73-74-2-399002-73400000-00-000304-00

CO3004
0000

(

225.00) INTANGIBLE TAX CLASSES B & D

45-20-2-130001-45300000-00-000100-00

-

(

225.00 UNIFORM COMMERCIAL CODE

TOTAL 0.00 0.00

FOR STATE TREASURER

Journal Advice ()

Transfer Advice ()

Cash Refund ()

I hereby certify that the above
transactions are in accordance
with the Florida Statutes and all
applicable laws and rules of the
State of Florida

Signature

Authorized Signature

FOR STATE COMPTROLLER'S USE ONLY

VOUCHER DATE:

JOURNAL NO:

AUDITED BY: