


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P92000010836</u>			
1. Corporation Name SUPEL CORP. P92000010836			
2. Principal Office Address 2800 Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2800 Park Avenue Suite, Apt. #, etc.	
City & State Riviera Beach, Fla.		City & State Riviera Beach, Fla.	
Zip 33404	Country Palm Beach	Zip 33404	Country Palm Beach
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0394836	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		8875 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Roland R. Ricci			
Street Address (P.O. Box Number is Not Acceptable) 2800 Park Avenue			
Suite, Apt. #, Etc.			
City Riviera Beach		State FL	Zip Code 33404
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 <u>Roland R. Ricci</u>		Date <u>11/20/01</u>	
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
Pres.	Roland R. Ricci	2800 Park Ave.	Riviera Beach, Fl. 33404
Sect.	Roland R. Ricci	2800 Park Ave.	Riviera Beach, Fl. 33404
Treas.	Roland R. Ricci	2800 Park Ave.	Riviera Beach, Fl. 33404
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 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 <u>Roland R. Ricci</u>		Date <u>11/20/01</u>	Daytime Phone # <u>561/848-1560</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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