

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 MAR 27 PM 1:23

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000009251

1. Corporation Name

Super Six Farms, Inc

2. Principal Office Address

25405 SW 182 Ave

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33031

Country

USA

3. Mailing Office Address

25405 SW 182 Ave

Suite, Apt. #, etc.

City & State

Homestead FL

Zip

33031

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

Jan. 1993

5. FEI Number

65-0393246

☒ 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

Thomas J. Borek

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

25405 SW 182 Ave

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33031

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]

Date 3-23-06

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	Thomas J. Borek	25405 SW 182 Ave	Homestead FL 33031
Sec.	Helen E. Borek	14465 SW 256 St	Homestead, FL 33032

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:

Helen E. Borek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

Date

305-951-1058

Daytime Phone #