

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1997 OCT -6 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 993600014632

1. Corporation Name

Superior Bedrooms, Inc.

Principal Place of Business

Mailing Address

SUPERIOR BEDROOMS, INC.
4475 MOBILE HWY
PENSACOLA, FL 32505

SUPERIOR BEDROOMS, INC.
4475 MOBILE HWY
PENSACOLA, FL 32505

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/18/93

5. FEI Number

59-3167879

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	E. Deane Githens	37 Bayshore Dr.	Pensacola, FL 32507
			500002315475--5
			10/08/97--01116--003
			****915.00 ****915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

Richard E. Jesmonth
217 E. Intendencia Street
Pensacola, FL 32501

9. Name and Address of New Registered Agent

Name E. D. Githens
Street Address (P.O. Box Number is Not Acceptable)
37 Bayshore Dr.
Suite, Apt. #, Etc.
Pensacola FL
City
State FL Zip Code 32507

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

E.D. Githens

REGISTERED AGENT MUST SIGN

Date 10-3-97

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:

E.D. Githens

E.D. Githens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-3-97 (850) 456-1241

Date

Daytime Phone #