

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 19 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA3000026619**

1. Corporation Name

Superior Surveying, Inc

2. Principal Office Address

4960 SW 72 AVE

Suite, Apt. #, etc.

305

City & State

miami FL

Zip

33155

Country

USA

3. Mailing Office Address

4960 SW 72 AVE

Suite, Apt. #, etc.

305

City & State

miami FL

Zip

33155

Country

USA

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-10/25/01--01049--006

******758.75 ****758.75**

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

650401616

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

Gonzalo Dorta ESQ

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

334 MINORCA AVE

Suite, Apt. #, Etc.

City

Coral Gables, FL

State

FL

Zip Code

33134

8. I, having 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]

REGISTERED AGENT MUST SIGN

Date

10/18/01

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
✓	LOUIS J. LEBRON	4960 SW 72 AVE. #305	miami, FL
TPD	ALFREDO LARDIN, JR	4960 SW 72 AVE #305	miami, FL 33155
SD	ANA LARDIN	4960 SW 72 AVE, #305	miami, FL 33155
✓	Michael Nelina	4960 SW 72 AVE, #305	miami, FL 33155

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/18/01

Daytime Phone #

305-662-7990

CR2E081 (8/00)