

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P94000009725**

1. Corporation Name

SUPERIOR GLOSS, INC.

Principal Place of Business

1820 SW 67TH TERRACE
FORT LAUDERDALE FL 33317

Mailing Address

1820 SW 67TH TERRACE
SUITE 204
FORT LAUDERDALE FL 33317

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

01/31/1994

5. FEI Number

65-0464226

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	4 City / State / Zip
P	COPELAND, ANDREW	1820 SW 67TH TERRACE	FORT LAUDERDALE FL 33317

8. Name and Address of Current Registered Agent

COPELAND, ANDREW D
1820 SW 67TH TERRACE
FORT LAUDERDALE FL 33317

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

I was told this form
could be used as
the equivalent to a
2003 UBK.
Thank You
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03



300024852009

11/18/03 51639 001 **150.00

CR2E040 (7/03)

SUPERIOR GLOSS, INC.
1820 SW 67th TERRACE
FT. LAUDERDALE, FL 33317
(954) 629-5933

November 4, 2003

Re: Superior Gloss, Inc.
Document Number P94000009725

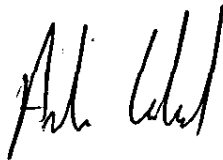
To Whom It May Concern,

Dear Ms. Hood,

Please accept this check for \$150.00 as payment of the UBR filing fee. I never received any of the prior documents. I would appreciate if the late fee could be waived.

Thank you for your time and consideration in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Andrew Copeland', written over the word 'Sincerely,'.

Andrew Copeland
Superior Gloss, Inc.