

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 DEC -9 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000039184

1. Corporation Name

SUPERGOG, INC.

Principal Place of Business

4651 1ST ST NE
UNIT 402
ST PETERSBURG FL 33703

Mailing Address

4651 1ST ST NE
UNIT 402
ST PETERSBURG FL 33703

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

2636-11 ST. NO.
ST. Petersburg FL

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

5. FEI Number

59-3317332

Applied For

Not Applicable

Zip

Country

Zip

Country

33704

USA

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
PD	PARDEE, JANET B	4651 1ST ST NE UNIT 402	ST PETERSBURG FL 33703
VSD	PARDEE, MARSHA J	4651 1ST ST NE UNIT 402	ST PETERSBURG FL 33703
			000002370040-4 -12/12/97-01004-022 ****750.00 ****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARDEE, JANET B
2636 11 ST NO
UNIT 402
ST PETERSBURG FL 33704

Name

MARSHA J. PARDEE

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

2636 11 ST. NO

Suite, Apt. #, Etc.

ST Petersburg

City

State

Zip Code

FL

33704

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

Marsha J. Pardee

REGISTERED AGENT MUST SIGN

Date 11-27-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Marsha J. Pardee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-27-97

Date

Daytime Phone #

CR2040 (9/97)