

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT   |                                   | FLORIDA DEPARTMENT OF STATE<br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS                    |   |
|---|-----------------------------------|--|---|
| DOCUMENT # P97000018073   |                                   |  |   |
| 1. Corporation Name<br>R. SUPER ENTERPRISES, INC.   |                                   |  |   |
| Principal Place of Business<br>1816 S.W. 20TH STREET<br>APT. A<br>FT. LAUDERDALE FL 33315   |                                   | Mailing Address<br>1816 S.W. 20TH STREET<br>APT. A<br>FT. LAUDERDALE FL 33315  |   |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below.   |                                   |  |   |
| 2. New Principal Office Address, If Applicable<br>2320 SE 174 CT<br>Suite, Apt. #, etc.<br>Silver Springs FL<br>City & State  |                                   | 3. New Mailing Office Address, If Applicable<br>Suite, Apt. #, etc.<br>City & State                                  |   |
| 4. Date Incorporated or Qualified To Do Business in Florida<br>02/26/1997   |                                   | 5. FEI Number<br>65-0737934  |   |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>   |                                   | \$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)   |                                   |  |   |
| Title(s)  | Name of Officers and/or Directors | Street Address of Each Officer and/or Director   | City / State / Zip  |
| D   | SUPER, ROBERT                     | 1816 S.W. 20TH STREET, APT. A  | FT. LAUDERDALE FL 33315   |
| D   | Super Robert                      | 2320 SE 174 CT   | Silver Springs FL 34488   |
|   |                                   |  | 000004678010--2<br>-11/14/01--01021--004<br>****150.00 ****150.00 |
| 8. Name and Address of Current Registered Agent   |                                   |  |   |
| 9. Name and Address of New Registered Agent   |                                   |  |   |
| RUIZ, CHARO BOLANOS<br>500 S.E. 6TH STREET<br>SUITE 100<br>FT. LAUDERDALE FL 33301  |                                   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>Suite, Apt. #, Etc.<br>City<br>State<br>FL<br>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.   |                                   |  |   |
| Signature of Registered Agent   |                                   | Date   |   |
| REGISTERED AGENT MUST SIGN  |                                   |  |   |
| 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)(f), 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: Robert Super   |                                   | 10-24-01 954-684-1212  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                   | Date Daytime Phone #   |   |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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CR2E040 (8/01)

125  
whom it may concern

I mailed and never received  
Application for new corporation  
file report. I've changed my  
address so hopefully no more  
problems. Thank you.

Respectfully

Rubt Saper