

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
The line for  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -3 PM 12:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000040362

1. Corporation Name

SUPER RESTORATION SERVICE CO.

Principal Place of Business

8280 SW 159 ST  
MIAMI FL 33157  
US

Mailing Address

P O BOX 532223  
MIAMI FL 33256  
US

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

PO BOX 562223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33256 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/07/1997

5. FEI Number

65-0750564

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Fee for Certificate of Status  
for each 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
DPS	VARGAS, RENE J	8280 SW 159 ST	MIAMI FL 33157
VP	VARGAS, CLARISSA	8280 SW 159 ST	MIAMI FL 33157

700003046347--B

-11/16/99--01097--006

\*\*\*150.00 \*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VARGAS, RENE J  
421 SW 125TH AVE  
MIAMI FL 33184

Name Rene Vargas

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

8280 S.W. 159 ST.

Suite, Apt. #, Etc.

City Miami, Florida

State

Zip Code

FL 33157

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0606, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/1/99

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/1/99

Date

Daytime Phone #

KE

2

November 1, 1999

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

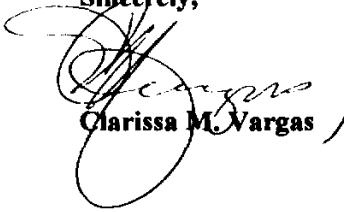
Re: Notice of Dissolution

To whom it may concern:

Please be advised that Super Steamer of Florida, Inc. D/B/A Super Restoration Service Co. did file the annual report. However, this was the first year and I did not receive any documentation for Super Restoration Service Co., I thought this was because it was a D/B/A but it turned out to be due to you having the wrong address. As you could see the document you mailed me reads PO Box 532223, Miami, Florida 33256. The Correct PO Box is 562223, Miami, Florida, 33256. I was lucky that the post office decided to check and put this documentation in the right box this time.

I would appreciate it if you waived the penalties this time and correct your records to read the correct address.

Sincerely,

  
Clarissa M. Vargas, V.P.