

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -3 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
97000080945

CORPORATION  
REINSTATEMENT



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

DOCUMENT # P97000080945

1. Corporation Name

Supreme Remodeling Co, Inc.

2. Principal Office Address

801 NW 42nd AV

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip

33066

Country

USA

3. Mailing Office Address

801 NW 42nd AV

Suite, Apt. #, etc.

City & State

Coconut Creek FL

Zip

33066

Country

USA

REINSTATEMENT 03  
12/03/03--01008--002 \$750.00

4. Date Incorporated or Qualified To Do Business in Florida

9/23/2003

5. FEI Number

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

Kimberly Skufca

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

801 NW 42nd Avenue

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33066

8. I, being 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

Kimberly Skufca / President  
REGISTERED AGENT MUST SIGN

Date

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
D	Kimberly Skufca	801 NW 42nd AV	Coconut Creek FL

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)(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:

Kimberly Skufca / President  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2003 (01/01)

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