

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 APR 22 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # 798000051658

1. Corporation Name

SUPERSTOP ENTERPRISES INC.
3227 SOUTH US 1
FT. PIERCE, FL 34982

2. Principal Office Address

Same as above

3. Mailing Office Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/08/1998

5. FEI Number

650640101

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

HARSHA SHAH

NITIN Shah

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

3227 SOUTH U.S. 1

3754 NW Pin oak Dr

Suite, Apt. #, etc.

FT. PIERCE

Jensen Beach

City

FL 34957

State
FL

Zip Code

34982

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

Noosh Shah

REGISTERED AGENT MUST SIGN

Date

4/11/02
4-12-02

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
officer	Harsha Shah	3227 South U.S. 1. Ft Pierce FL 34982	Ft. Pierce, FL - 34982

8000005418758-0
-05/01/02--01085--017
****900.00 ****900.00

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)(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

Noosh Shah Harsha Shah

Date

4-12-02

Daytime Phone #

(772)
595-5519

CR2E081 (9/01)