

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

01 JUN 21 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000 56423

1. Corporation Name

SUPER SAT SOAP SYSTEMS, Inc.

2. Principal Office Address

4294 Paradise Circle

Suite, Apt. #, etc.

3. Mailing Office Address

Po Box 599

Suite, Apt. #, etc.

City & State

HERNANDO BEACH, Florida

Zip

34607

Country

USA

City & State

ARIPEKA, Florida

Zip

34679

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06-22-98

5. FEI Number

59-3517268

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

VIRGINIA C. TACY

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

4294 Paradise Circle

Suite, Apt. #, Etc.

City

HERNANDO BEACH

000004481130--5

07/17/01-01081-005

****300.00 ****300.00

State

FL

Zip Code

34607

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

VIRGINIA C. TACY
REGISTERED AGENT MUST SIGN

Date 6-18-01

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
Pres	JAMES E. TACY JR	4294 Paradise Circle	HERNANDO BEACH, FL 34607

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)(b), 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

JAMES E. TACY JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-01

Date

352-597-7718

Daytime Phone #

CR20081 (9/00)

SUPERSAT SOAP SYSTEMS, INC.

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June 19, 2001

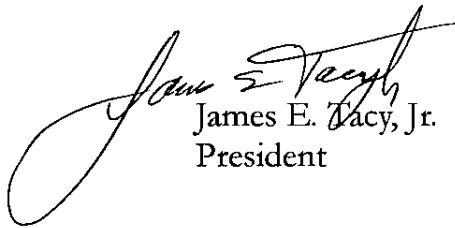
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Pursuant to my conversation with a member of your staff, I am enclosing a check in the amount of \$300.00 and requesting a one time waiver on the reinstatement of my corporation.

The reason for the waiver is that I moved from my previous address and did not receive the annual report. You will note that I filed and paid on a timely basis for the previous year. I did not realize my delinquency until I was checking your website and saw that my corporation had been dissolved.

Sincerely,



James E. Tacy, Jr.
President