

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

09 DEC 15 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000106898

1. Corporation Name

Supercharge, Inc.

REINSTATEMENT 08-09

700163618457
12/15/09--01032--009 ***300.00
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3335 NW 53rd Circle

Suite, Apt. #, etc

3. Mailing Office Address

Same

Suite, Apt. #, etc

City & State

Boca Raton

City & State

Zip

33496

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

12/18/1998

5. FEI Number

65-0884367

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

Gary Ben-Yehouda

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

3335 NW 53rd Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Gary Ben-Yehouda

REGISTERED AGENT MUST SIGN

Date **12/10/09**

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
PD	Gary Ben-Yehouda	3335 NW 53rd Circle	Boca Raton, FL 33496

10. E-mail Address: **chargeit19@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

Gary Ben-Yehouda

Gary Ben-Yehouda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-901-1628

Date

Daytime Phone #

12/16/09