

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

7/5/02

DOCUMENT # P99000000029

1. Corporation Name

SUSEH SERVICES, INC.

99 OCT 25 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

853 CANTERBURY DR.
LAKE MARY FL 32746

853 CANTERBURY DR.
LAKE MARY FL 32746



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/31/1998

5. FEI Number

522140231

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a 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 |
|-------------|--------------------------------------|---|-----------------------|
| President | TROY GUINYARD | 853 Canterbury dr | Lake Mary, FL 32746 |
| CEO | Daniel Weaver | 11109 Zimmerman Lane | Austin, TX 78726 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TAYLOR, HOWARD
7631 S.W. 1ST STREET
MARGATE FL 33068
853 Canterbury dr.
Lake Mary, FL 32746
Att.

Name
Troy Guinyard
Street Address (P.O. Box Number is Not Acceptable)
853 Canterbury dr.
Suite, Apt. #, Etc.
City
Lake Mary
State
FL
Zip Code
32746

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Howard Taylor

REGISTERED AGENT MUST SIGN

Date 10/15/99

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:

Troy Guinyard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/99 (407) 323-7702
Date Daytime Phone #

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To Whom it may concern,

I confirmed that you have already received my fees. I needed to complete this form. Now that everything is completed, please let me know all is O.K.

Thanks

H. Taylor