

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10FZ

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 22 PM 2:32

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PA9000043048

1. Corporation Name

SUPERDEV, INC.

2. Principal Office Address

200 AVE. B N.W.

Suite, Apt. #, etc.

SECOND FLOOR

City & State

WINTER HAVEN, FL

Zip

33881

Country

USA

3. Mailing Office Address

PO Box 1527

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33882

Country

USA

2000-2001 UBR

5/19/00 90071044 #150.00

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 7 1999

5. FEI Number

59-3572272

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

WILLIAM H. SANDS

900003631719

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

200 AVE B NW,

02/02/01-01138

105

***150.00

***100.00

Suite, Apt. #, Etc.

SECOND FLOOR

City

WINTER HAVEN

State
FL

Zip Code

33881

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/19/01

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

<u>P/S/D</u>	<u>WILLIAM H. SANDS</u>	<u>200 AVE B N.W.</u>	<u>WINTER HAVEN, FL 33881</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/19/01

Daytime Phone #

863-287-1297

CR2E081 (9/00)

20f2

SUPERDEV, INC.
P.O. Box 1527
Winter Haven, Florida 33882
Telephone 863.287.1297

January 19, 2001

Reinstatements
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To whom it may concern:

We recently learned from your office that SuperDev, Inc. was administratively dissolved last year. A completed reinstatement form is enclosed along with a check in the amount of \$150.00, representing The Annual Report Fee and the Corporate Supplemental Fee for the year 2001.

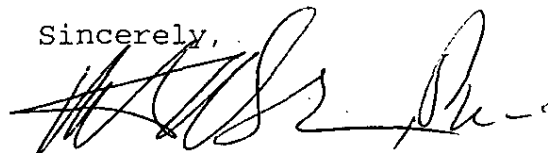
A staff member there told us that based upon the circumstances of the dissolution we should send a letter to your office explaining what happened and requesting a waiver of the reinstatement fee.

As we understand the sequence of events, from speaking with staff members there, we filed the year 2000 Corporate Annual Report and paid the fees on a timely basis, but the Corporate Annual Report did not include our Federal tax identification number. Evidentially, your office sent us one or more letters explaining this oversight, but unfortunately, we did not receive any of them. We moved our offices last year, and we suspect much of our mail was not properly forwarded. We respectfully request a waiver of the reinstatement fee.

Please do not hesitate to telephone me if you have any questions.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in dark ink, appearing to read "William H. Sands", written over a horizontal line.

William H. Sands, President