

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

03 FEB 20 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P99000094799*

1. Corporation Name

Super Cell Inc.

2. Principal Office Address

124 SE 1st Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

124 SE 1st Street

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33131

Country

USA

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

10/27/99

5. FEI Number

65-0863512

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

Ismael Mendoca

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

124 SE 1st Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33131

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

Date

REGISTERED AGENT MUST SIGN

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
<i>PSD</i>	<i>Ismael Mendoca</i>	<i>124 SE 1st Street</i>	<i>Miami FL 33131</i>

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

Date

Daytime Phone #

CR2E081 (10/02)

js 2/26

SUPER CELL, INC.
124 SE 1ST STREET
MIAMI, FLORIDA 33131

February 13, 2003

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

Attn: Reinstatement Section

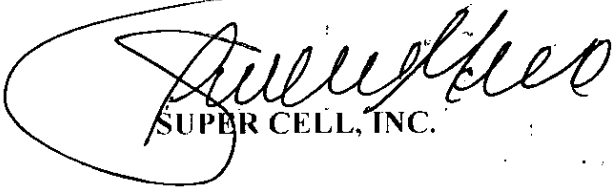
Re: Document # P99000094799

Dear Sir or Madam:

In reference to a telephone conversation with one of your representatives, we are enclosing our application for reinstatement along with the necessary filing fees for a profit corporation. As we stated in the phone conversation, we moved our offices and thus never received our 2002 and 2003 Uniform Business Reports.

We ask that you please pardon the late fee since this problem was due to circumstances beyond our control. If there is any problem processing this report please contact us immediately.

Sincerely,


SUPER CELL, INC.