

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S13819

1. Corporation Name

SUPERIOR BUILDING SERVICES, INC.

Principal Place of Business

Mailing Address

~~6355 METROWEST BLVD.~~
~~110~~
~~ORLANDO FL 32835~~
~~US~~

P O BOX 2118
WINDERMERE FL 34786
US

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

122 N. Kirkman Road
Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
Orlando, Fl

City & State

Zip
32811

Country
USA

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

11/20/1990

5. FEI Number

59-3291425

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CPST	MARTINEZ, MARIA E	6355 METROWEST BLVD STE 110	ORLANDO FL
CPST	MARTINEZ, MARIA E	122 N. Kirkman Road	Orlando, Fl
			800002730628--3
			01/05/93--01068--005
			****783.75 ****783.75
			12/28/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MARTINEZ, MARIA E~~
~~6355 METROWEST BLVD~~
~~STE 110~~
~~ORLANDO FL 32835~~

Name

P.A. Williams

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

122 N. Kirkman Road

Suite, Apt. #, Etc.

Suite A

City

Orlando

State Zip Code

FL 32811

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

[Signature] REQUIRED
REGISTERED AGENT MUST SIGN

Date 12/28/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

MARIA E. MARTINEZ

Date

Daytime Phone #

12/28/98 407 296-9891

CR2E040 (9/98)