

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 DEC -9 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

V30999

1. Corporation Name

SUPERIOR MANAGEMENT OF
TAMPA BAY, INC.

2. Principal Office Address

3151 SAWAY RIDGE DR.

3. Mailing Office Address

PO Box 8337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33761

Country

US

Zip

33758

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4-23-92

5. FBI Number

59-3121371

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 94-04

7. Name and Address of Current Registered Agent

Name

JOHN HATCH

300043610413

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

3151 SAWAY RIDGE DR.

12/23/04 01029-005 **2250 00

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33761

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

REGISTERED AGENT MUST SIGN

Date

12/2/04

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
Pres	JOHN HATCH	3151 SAWAY RIDGE DR.	CLEARWATER, FL 33761

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)(D), 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 #

12/07/04 727-424-3377