

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

01 OCT 22 PM 5:36

DOCUMENT # F0000006781

1. Corporation Name  
**SUPERIOR FINANCIAL, INC.**

Principal Place of Business <b>13480 N.W. 4TH STREET #105 PEMBROKE PINES FL 33028</b>	Mailing Address <b>13480 N.W. 4TH STREET #105 PEMBROKE PINES FL 33028</b>
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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	4. Date Incorporated or Qualified To Do Business In Florida <b>12/01/2000</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>39-1992135</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>

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
PT	HAESE, WILLIAM R	W175 N1117 STONEWOOD DR., STE 1	GERMANTOWN WI
VS	HAESE, DEBRA A	W175 N1117 STONEWOOD DR., STE 1	GERMANTOWN WI
			100004669931--9 -11/07/01--01003--005 ****750.00 ****750.00
			<i>DD c/s</i>

8. Name and Address of Current Registered Agent <b>HARRINGTON, STEVEN P 13480 NW 4TH ST., #105 PAMBROKE PINES FL 33028</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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 *Steve Houghton* Date 10/18/01  
 REGISTERED AGENT MUST SIGN

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)(l), 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: *William R. Haese* **William R. Haese** Date 10/19/01 (262) 253-1205  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR26040 (8/97)