

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


**FILED**

2007 FEB 28 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800092346448  
03/13/07--01014--003 \*\*750.00  
**REINSTATEMENT** 03-07  
CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # PD2000041946  
1. Corporation Name  
Super Equity Builder, Inc.

2. Principal Office Address - No P.O. Box #  
3784 Tampa Road  
Suite, Apt. #, etc.

3. Mailing Office Address  
Suite, Apt. #, etc.

City & State  
Oldsmar, FL

City & State

Zip Country Zip Country  
34677 USA

4. Date Incorporated or Qualified To Do Business in Florida 4/18/02

5. FEI Number 75-3051445 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  
Susan L. Francis, CPA

Street Address (P.O. Box Number is Not Acceptable)  
570 Belted Kingfisher Dr N.

Suite, Apt. #, Etc.

City State Zip Code  
Palm Harbor FL 34683

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Susan L. Francis, CPA Date 2/27/07  
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
PM	John Deufel, Jr.	6859 San Jose Loop	New Port Richey, FL 34655
VM	Teresa Dowdell	4981 Quill Court	Palm Harbor, FL 34685

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 contained in Chapter 119, 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] Date 2/27/07 Daytime Phone # (813) 814-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/07