

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAY 17 AM 7:42

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

200103587352
05/31/07--01006--023 **300.00

REINSTATEMENT 06-07

CR2E081 (1/07)

DOCUMENT # **P04000172702**

1. Corporation Name **SUPERIOR-IT SOLUTIONS INC**
6931 LILLIAN RD STE 1
JACKSONVILLE FL 32211

2. Principal Office Address - No P.O. Box #

6931 LILLIAN RD

Suite, Apt. #, etc.

STE 1

City & State

JACKSONVILLE FL

Zip

32211

Country

USA

3. Mailing Office Address

6931 LILLIAN RD

Suite, Apt. #, etc.

STE 1

City & State

JACKSONVILLE FL

Zip

32211

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

1/1/2005

5. FEI Number

20-2086274

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

ADAM LOONEY

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

6931 LILLIAN RD STE 1

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32211

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-2-2007**

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
P	ADAM LOONEY	6931 LILLIAN RD STE 1	JACKSONVILLE FL 32211
VP	DENISE STRAUGHN	6931 LILLIAN RD STE 1	JACKSONVILLE FL 32211

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-2-2007

Daytime Phone #