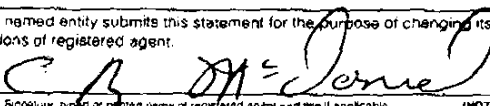
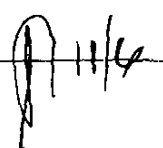
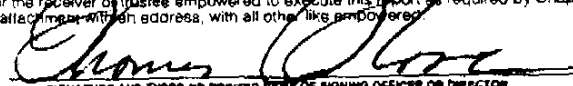


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 539105			
1. Entity Name SUPERIOR COATINGS, INC.			
Principal Place of Business 850 PRARIE MINE RD. PO BOX 1112 MULBERRY, FL 33860		Mailing Address 850 PRARIE MINE RD. PO BOX 1112 MULBERRY, FL 33860	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1780483		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDANIEL, C. RAY 245 S CENTRAL BARTOW, FL 33830		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 10-26-07	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP BECKER, JOHN C. 220 IDLEWOOD BARTOW, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	10-02-07 01022 004 \$550.00 ☐ Change ☐ Addition 11-01-07 01042 009 \$200.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STP COOK, THOMAS S. 914 E HIGHLAND DR. LAKELAND, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE 10-24-07	

FILED

07 NOV -1 PM 1:43

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

10112007 REINSTATEMENT 07

4. FEI Number
59-1780483Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDANIEL, C. RAY
245 S CENTRAL
BARTOW, FL 33830

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPVP
BECKER, JOHN C.
220 IDLEWOOD
BARTOW, FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP10-02-07 01022 004 \$550.00 ☐ Change ☐ Addition
11-01-07 01042 009 \$200.00TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPSTP
COOK, THOMAS S.
914 E HIGHLAND DR.
LAKELAND, FL☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
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CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #