PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005789

1. Limited Liability Company's Name

SUPERIOR DRAINAGE, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
1715 W.CLEVELAND ST.		P.O BOX 3282	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: TAMPA, FL		City & State: PINELLAS PARK, FL	
Zip: 33606	Country: USA	Zip: 33780-3282	Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 5/19/00

6. FEI Number — — — X Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: KELL C.WILLIAMS III, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable): 1715 WEST CLEVELAND STREET

Suite, Apt. #, Etc.:

City: TAMPA | State: FL | Zip Code: 33606

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 11/6/01
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	W.M. BURNETTE	8250 62nd Street N.	PINELLAS PARK, FL 33781

REINSTATEMENT 01 CHS
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 11/13/01 Daytime Phone # 727-544-8811

Typed or printed name of Managing Member/Manager