


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT -5 PM 1:34
DOCUMENT # <u>LD1000014601</u>			
1. Limited Liability Company's Name <u>SUPERIOR WHOOLACE LLC</u>			
2. Principal Office Address <u>2710 DEL PRADO S</u> Suite, Apt. #, etc. <u>2-264</u> City & State <u>CAPE CORAL</u> Zip <u>FL</u> Country <u>Lee</u>		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country	
4. State/Country of Formation		5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <u>MARTIN J LEVINE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2601 SW 495</u> Suite, Apt. #, Etc. <u>C</u> City <u>CAPE CORAL</u> State <u>FL</u> Zip Code <u>33917</u>			
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 <u>[Signature]</u> Date <u>9/22/06</u> 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
Pres	Martin M. Levine	2710 Del Prado Blvd. Sg-264 Cape Coral, FL 33904	
Delete Member:		REINSTATEMENT 05-06	
	Nancy M. Levine		
	2710 Del Prado Blvd S 2-264		
	Cape Coral, FL 33904		
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 <u>[Signature]</u> Date <u>9/20/06</u> Daytime Phone # <u>239-549-0072</u> Typed or printed name of signing Managing Member/Manager _____			

CR2E041 (8/05)