

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 17 AM 11:34

DOCUMENT # L03000004477 1. Entity Name SUPERIOR/HALL INDUSTRIES, LLC					
Principal Place of Business 215 WEST DONNEGAN AVENUE KISSIMMEE, FL 34741			Mailing Address 215 WEST DONNEGAN AVENUE KISSIMMEE, FL 34741		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address PO Box 518 Suite, Apt. #, etc.			
City & State		City & State Morrison, FL		4. FEI Number 33-1043144	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip 32668		Country Levy		Applied For Not Applicable	
6. Name and Address of Current Registered Agent CLEMENTS, ROBERT G 37 NORTH ORANGE AVENUE, SUITE 500 ORLANDO, FL 32801			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANSEN, RONALD 215 WEST DONNEGAN AVENUE KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, JONNIE 215 WEST DONNEGAN AVENUE KISSIMMEE, FL 34741		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 2/15/05 (407) 228-4443		

REINSTATEMENT 04-05

300047424713
03/01/05--01004--010 **150.00

Patrick M. Burns, CPA, PA

Accountants, Consultants, and Tax Professionals

February 15, 2005

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Superior/Hall Industries, LLC

Dear Sir or Madam:

Please note that I represent the above taxpayer in all federal, state, and local tax matters. I am submitting the Limited Liability Company Reinstatement form for Superior/Hall Industries, LLC. They did not receive a notice in the mail for their annual report and were unaware of this process. Please process the enclosed documentation and activate the company at your earliest convenience. I have enclosed check #1584 in the amount of \$150.00. Please use the check for the amount due of \$100.00. If no other amount is due, please refund the remaining \$50.00 to the taxpayer at the address on record. Should you have any questions, please feel free to contact me directly at (407) 228-4443. Thank you for your assistance in this matter.

Sincerely,



Patrick M. Burns, CPA