
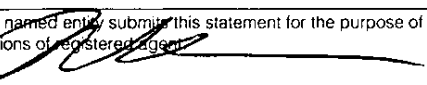
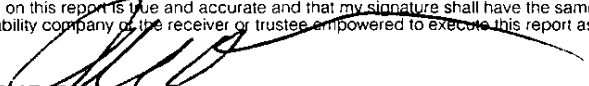


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000053444</b> 1. Entity Name <b>SUPERIOR INTERIORS, LLC</b>						<b>FILED</b> <b>07 OCT 17 PM 3:57</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>5374 CATALYST AVE.</b> <b>SARASOTA, FL 34233</b>				Mailing Address <b>5374 CATALYST AVE.</b> <b>SARASOTA, FL 34233</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				4. FEI Number <b>20-0505729</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>NEMETH, MATTHEW A</b> <b>11516 SWEETFLAG DR.</b> <b>BRADENTON, FL 34202</b>				7. Name and Address of New Registered Agent Name <b>NEMETH, MATTHEW A</b> Street Address (P.O. Box Number is Not Acceptable) <b>5374 CATALYST AVE</b> City <b>SARASOTA</b> FL      Zip Code <b>34233</b>			
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 <b>10/9/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2008, Fee will be \$100.00</b>				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEMETH, MATTHEW A <del>11516 SWEETFLAG DR.</del> <del>BRADENTON, FL 34202</del>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NEMETH, MATTHEW A 5374 CATALYST AVE SARASOTA, FL 34233		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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		
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		
<b>REINSTATEMENT</b>							
11. 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 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: 				10/9/07      (941) 927-1031			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date      Daytime Phone #			