

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 SEP 14 AM 10:06

DOCUMENT # **L03000055882**

1. Limited Liability Company's Name
Superior Building Systems, LL.C.

2. Principal Office Address 2722 N. UNIVERSITY DR		3. Mailing Office Address _____	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CORAL SPRINGS FL.		City & State FL.	
Zip 33065	Country USA	Zip _____	Country _____

[Handwritten initials]

CR2E041 (8/05)

4. State/Country of Formation FL.	
5. Date Organized or Qualified To Do Business in Florida Dec. 24-2003	
6. FEI Number 47-0936099	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
William A. Dato

Street Address (P.O. Box Number is Not Acceptable)
2722 N. UNIVERSITY DR.

Suite, Apt. #, Etc.
CORAL SPRINGS

City
CORAL SPRINGS

State
FL

Zip Code
33065

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 *[Signature]* Date **9/20/06**

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
CEO	William A. Dato	9427 SATINLEAF PI PARKLAND FL. 33076	

200090310962
09/20/06--01061--010 **305.00

REINSTATEMENT 04-06

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 *[Signature]* Date **9/20/06** Daytime Phone # **954-969-2828**

Typed or printed name of signing Managing Member/Manager **William A. Dato**