FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # L04000028163

1. Limited Liability Company's Name
SUPERIOR CONSTRUCTION LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
8425 RHONDA RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PANAMA CITY BEACH, FL	
Zip: 32404 Country: USA	Zip: Country:

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 04/13/2004

6. FEI Number: ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: JASON W TARTER
Street Address (P.O. Box Number is Not Acceptable): 8425 RHONDA RD
Suite, Apt. #, Etc.:
City: PANAMA CITY BEACH State: FL Zip Code: 32404

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Jason W Tarter Date: 4/10/2014
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
P	JASON W TARTER	8425 RHONDA RD	PANAMA CITY BEACH, FL 32404
APR 18 2014	REINSTATEMENT		2009-2014
L	SELLERS		

11. E-mail Address: jasontarter@live.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Jason W Tarter Date: 4/10/2014 Daytime Phone #: 850-890-6740

Typed or printed name of signing Authorized Representative/Manager: JASON W TARTER

Division of Corporations

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
SUPERIOR CONSTRUCTION LLC

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