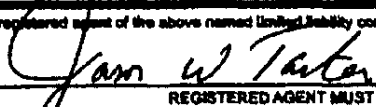
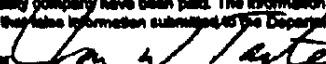


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED

14 APR 18 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>LO4000028163</u>			
1. Limited Liability Company's Name SUPERIOR CONSTRUCTION LLC			
2. Principal Office Address - No P.O. Box # 8425 RHONDA RD Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State PANAMA CITY BEACH, FL		City & State	
Zip 32404	Country USA	Zip	Country
4. State/Country of Formation FL		5. Date Organized or Qualified To Do Business in Florida 04/13/2014	
6. FEI Number		☐ Applied For ☒ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐		(To be used for future annual report notifications)	
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 		Date <u>4/10/2014</u>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title P	Name of Authorized Representative/Manager JASON W TARTER	Street Address of Each Authorized Representative/Manager 8425 RHONDA RD	City / State / Zip PANAMA CITY BEACH, FL 32404
REINSTATEMENT			
APR 18 2014			
L SELLERS			
2009-2014			
11. E-mail Address: <u>lesontarter@live.com</u>			
(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 608.0012, 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. 817.156, F.S.			
Signature of Authorized Representative/Manager 		Date <u>4/10/2014</u>	
Typed or printed name of signing Authorized Representative/Manager JASON W TARTER		Telephone # <u>850-890-6740</u>	

Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
SUPERIOR CONSTRUCTION LLC**

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