

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000155744

1. Limited Liability Company's Name
SUPERIOR INVESTMENT GROUP LLC

900308368169
02/07/18--01011--007 **\$55.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 6511 SANTONA ST		3. Mailing Office Address 6511 SANTONA ST	
Suite, Apt. #, etc. #C9		Suite, Apt. #, etc. #C9	
City & State CORAL GABLES, FL		City & State CORAL GABLES, FL	
Zip 33146	Country	Zip 33146	Country

4. State/Country of Formation FLORIDA, US	
5. Date Organized or Qualified To Do Business in Florida 10/06/2014	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

8. Name and Address of Current Registered Agent			
Name ALINA MERCEDES NAVARRO			
Street Address (P.O. Box Number is Not Acceptable) Suite 6511 SANTONA ST			
Apt. # Etc. #C9			
City CORAL GABLES	State FL	Zip Code 33146	

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 Alina Mercedes Navarro
REGISTERED AGENT MUST SIGN

Date 02/06/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City/State/Zip
MGR	ALINA MERCEDES NAVARRO	6511 SANTONA ST #C9	CORAL GABLES, FL 33146

FEB 08 2018
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11. E-mail Address.

(To be used for future annual report notifications)

2. 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 requirement of section 15.0012, 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Alina Mercedes Navarro Date 02/06/2018

Typed or printed name of signing authorized representative/member ALINA MERCEDES NAVARRO