

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 8:58

DOCUMENT # P00000062746

1. Corporation Name
SUPERIOR CEILINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300009712643
12/27/02--01026--003 **600.00

Principal Place of Business Mailing Address
1527 E. CONCORD STREET
ORLANDO FL 32803



REINSTATEMENT 02-03

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable 1517 E Hillcrest St		4. Date Incorporated or Qualified To Do Business in Florida 06/26/2000	
Suite, Apt. #, etc. PO Box 476		Suite, Apt. #, etc.		5. FEI Number 59-3661405	
City & State Astatula, FL 34705-9604		City & State ORLANDO, FL		Applied For Not Applicable	
Zip 34705-9604	Country LAKE	Zip 32803	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 - Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MILLER, ALVIE C	PO Box 476	Astatula, FL 34705-9604
V	Deuerling, Susan E.	PO Box 476	Astatula, FL 34705-9604
			300009712643 01/21/03--01034--015 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMALLEY, CRAIG 1527 E. CONCORD STREET ORLANDO FL 32803		Name SMALLEY & COMPANY PA Street Address (P.O. Box Number is Not Acceptable) 1517 E Hillcrest St Suite, Apt. #, Etc. City ORLANDO State FL Zip Code 32803	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 12/23/02
REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE REQUIRED 18 Dec 02 4078325559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2B340 (8/02)