

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM DE 1, PM 4:26

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 02000132046			
1. Corporation Name SUPERIOR SLABS, INC.			
2. Principal Office Address 19639 Ross Rd. Suite, Apt. #, etc.		3. Mailing Office Address 19639 Ross Rd. Suite, Apt. #, etc.	
City & State FOUNTAIN, FL.		City & State FOUNTAIN, FL.	
Zip 32438	Country BAY	Zip 32438	Country BAY
4. Date Incorporated or Qualified To Do Business in Florida 12-18-02		5. FEI Number 421564517	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent Name: STEVEN M. DARNELL, PRES. Street Address (P.O. Box Number is Not Acceptable): 19639 ROSS RD. Suite, Apt. #, Etc.: City: FOUNTAIN, FL.			
State: FL		Zip Code: 32438	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent: <u>Steven M. Darnell</u> Date: 11-24-03 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	STEVEN M. DARNELL	19639 ROSS RD.	FOUNTAIN, FL 32438
10. 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: <u>Steven M. Darnell</u>		Steven M Darnell 24-03 850-582-1624 850-732-6639	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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Superior Slabs, Inc.
19639 Ross Road
Fountain, FL 32438
850-722-6639

October 14, 2003

Re: UBR #P02000132046

Dear Sir:

Mine is a new company and my first business venture. I have not yet learned all the rules and regulations. The UBR form that was enclosed in the notice I received on October 8, 2003 was new to me.

As I don't recall receiving this form previously, I respectfully request that I be allowed to submit the form at this time along with the filing fee of \$150.00 and any penalties be waived. I will be more diligent in the future in filing any and all reports in a timely manner.

Sincerely,

Steven M. Darnell
President

cc: office file