2007 FOR PROFIT CORPORATION REINSTATEMENT

REINSTATEMENT							FILED					
DOCUMENT # P03000153397 1. Entity Name								•	1 1 1 1 1 1 1	h		
SUPŘEMĚ SALES AND SERVICE, INC.							2007 MAY -8 PM 5: 34					
Principal Place		s		Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA						
1529 LAKESIDE DR DELAND, FL 32720				1529 LAKESIDE DR DELAND, FL 32720								
				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			04092007	REIN-P	CR2EC	98 (1/07)		
City & State				City & State			4. FEI Number 58-2677	364		<u> </u>	plied For t Applicable	
Zip	Country			Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Required	litional d	
	6. Name	and Address of	Current Regi:	stered Agent	7. Name and Address of New Registered Agent Name							
MUELLER, BRUCE R						Street Address (P.O. Box Number is Not Acceptable)						
1529 LAKESIDE DR DELAND, FL 32720						Silver Address (F.O. Box Number is Not Acceptable)						
						City	City FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered						· —						
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and tritle if applicable. (NOTE: Registered Agent eignature required when reinstating)												
FIL	LE NOWIII	I FEE IS \$900	0.00									
10.		OFFICE	RS AND DIRE	CTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTORS	S IN 11	
TITLE NAME	DPST	R, BRUCE R		☐ Delete	TITLE					☐ Change	☐ Addition	
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CITY-ST-ZIP	DELAND,	FL 32720			- ST - ZIP	U5/ 44/1):U10525-	-012	**15U.U	JIJ		
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TITLE NAME				☐ Delete	TITLE					☐ Change	Addition	
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CITY-ST-ZIP					CITY	- ST- ZIP					Į	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.												
SIGNATURE: Brue 1 Muelle Pres 4/20/07												
····	SIGNATURE: ///// SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #											

State of Florida Division of Corporations 505 Tennessee Tallahassee, Florida 32314

Same of

Re: Supreme Sales and Service, Inc.
Document #P03000153397

In April 2006, a check was mailed for the annual filing fees for the above stated corporation. After receiving administrative dissolution notice, per telephone conversations, another check was issued, dated 27 July 2006.

Upon our recent information that the dissolution was not lifted, we are herein enclosing a third check to cover 2006 annual filing, for reinstatement. As soon as we see (via _ sunbiz.org) that said corporation is active, we will submit, electronically, the current fees.

We appreciate your prompt consideration in this matter as it is now causing difficulties in the corporation's business activities.

Thank you for your cooperation.

Sincerely,

Maggi Fisk Cooper Accountant for

Supreme Sales and Service, Inc.

29 March 2007

Post Office Box 366 DeLand, Florida 32721 386-734-8612