

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000022909

FILED  
Apr 09, 2007  
Secretary of State

Entity Name: SUPERIOR MODULAR RESTORATION, INC.

## Current Principal Place of Business:

416 HOLLY CT  
WINTER SPRINGS, FL 32708

## New Principal Place of Business:

## Current Mailing Address:

416 HOLLY CT  
WINTER SPRINGS, FL 32708

## New Mailing Address:

FEI Number: 56-2431551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOWALSKE, MICHAEL  
416 HOLLY CT  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL KOWALSKE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KOWALSKE, MICHAEL  
Address: 416 HOLLY CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: ST ( ) Delete  
Name: KOWALSKE, RONDA  
Address: 416 HOLLY CT  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V (X) Delete  
Name: COMEAUX, BILLY JR  
Address: 7929 SEGOVIA ST  
City-St-Zip: ORLANDO, FL 32822

Title: V ( ) Delete  
Name: SZOTAK, JOHN  
Address: 416 HOLLY CT  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL KOWALSKE

P

04/09/2007

Electronic Signature of Signing Officer or Director

Date