## 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000040174  1. Entity Name A SUPER DEAL.COM, INC.						FILED  09 FEB -5 AM II: 44					
Principal Place 1016 CLEMN SUITE 302 JUPITER, FL	ONS STREE		Mailing Address 1016 CLEMMONS ST SUITE 302 JUPITER, FL 33477	1016 CLEMMONS STREET SUITE 302			}   1 <b>188</b>    <b>188</b>    11	SECKETARY O Allahassee Hiiii iiii iiii iiii iiii iiiii iiii	)F STATE , FLORIDA	<b>il</b> ki <b>ililib</b> ir ik i <b>ri</b> k	
,	AFARER (	ness - No P.O. Box # CIRCLE		3. Mailing Address 601 SEAFARER CIRCLE Suite, Apt. #, etc.			RE	NSTATEN	ENI		
SUITE 4 City & Stat			SUITE 402 City & State				12182008 4. FEI Numb	er KEIN-P	CR2E098-(H	Applied For	
JÚPITER, FL Zip Country			JUPITER, FL	JUPITER, FL Zip Country			20-1449410 Not Applicable				
33477		ÚS	33477	Cour	ู้ บร		5. Certificate of Status Desired S8.75 Additional Fee Required				
<u> </u>	6. Name	and Address of Curre	nt Registered Agent		Name			7. Name and Address of New Registered Agent OND, BARNEY A			
RICHMON 1016 CLEI	MMONS S			Stre			t Address (P.O. Box Number is Not Acceptable) 601 SEAFARER CIRCLE				
SUITE 302 JUPITER,				SI			TE 402				
			,	City J			TER FL Zip Code 33477			Code 33477	
8. 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. I am familiar with, and accept the obligations of registered agent											
SIGNATURE Barney A Richmond 12/19/2008 Signature type or printed an interpretability (NOTE: Registered Agent signature required when reinstating) DATE											
		FEE IS \$150.00 09, See will be \$300	0.00				In accordance wit corporation did no				
10.		OFFICERS AN	ID DIRECTORS	11.			ADDITIONS	/CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	PSD Delete Till RICHMOND, BARNEY A NA 1016 CLEMMONS ST. SUITE 302 ST JUPITER, FL 33477 CIT					601 S	D				
TITLE NAME STREET ADDRESS City-St-Zip	TD TURNER, 4200 OAK PALM BE		- 1		Change Addition 100142890511 02/05/0901009018 **2100.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					E IE EET ADDRESS '-ST-ZIP		☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ana	Delete						☐ Cha	nge 🔲 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		(	☐ Delete						☐ Cha	nge 🗌 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	EET ADDRESS				☐ Cha		
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 of the receiver of 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 of the composition of the corporation of the receiver of trustee empowered.											
SIGNATURE: Barney A. Richmond - President 12/19/2008 561-429-8704 SIGNATURE: Date District NAME OF SIGNING OFFICER OR DIRECTOR Date District NAME OF SIGNING OFFICER OR DIRECTOR											