

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

PG 1 of 2

DOCUMENT # P04000067839

1. Entity Name  
COLLEEN DELANEY, INC.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUN -6 AM 11:26

Principal Place of Business  
9951 ATLANTIC BLVD.  
SUITE 112  
JACKSONVILLE, FL 32225

Mailing Address  
9951 ATLANTIC BLVD.  
SUITE 112  
JACKSONVILLE, FL 32225

2. Principal Place of Business  
9951 ATLANTIC BLVD  
SUITE 174  
JACKSONVILLE FL  
32225 DUAL

3. Mailing Address  
9951 ATLANTIC BLVD  
SUITE 174  
JACKSONVILLE FL  
32225 DUAL



04252006 REIN-P CR2E098 (11/05) 05-06

4. FEI Number 201059451  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
ACCOUNTING & BUSINESS SOLUTIONS, INC.  
9951 ATLANTIC BLVD.  
SUITE 418  
JACKSONVILLE, FL 32225

7. Name and Address of New Registered Agent  
Name COLLEEN DELANEY  
Street Address (P.O. Box Number is Not Acceptable)  
9951 ATLANTIC BLVD  
SUITE 174  
City JACKSONVILLE FL Zip Code 32225

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 COLLEEN DELANEY  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
DATE 6-1-06

FILE NOW!!! FEE IS \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELANEY, COLLEEN 1626 DERRINGER ROAD JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	06/14/05 90001 001 \$150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	05-06	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200077140492 07/07/06--01024--017 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 5-25-06 Daytime Phone # 904-998-8330

April 25, 2006

Colleen Delaney, Inc.  
9951 Atlantic Blvd Suite 174  
Jacksonville, Florida 32225

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Ref. Colleen Delaney, Inc. P04000067839

To whom it may concern.

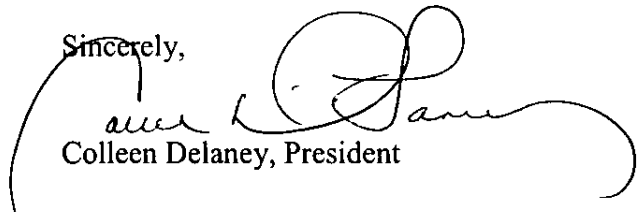
Please accept the enclosed For Profit Corporation Reinstatement Form as well as a check in the amount of \$150.00 for reinstatement of my corporation.

I am also requesting a waiver of the penalties for late filing/reinstatement for the following reasons. The first Notice was not received by us. Our accountant discovered that we had not filed and immediately we filed the annual report. Since the report was late, you responded by returning the report requesting payment of the penalty for late filing. Our response was a letter requesting abatement of the penalty along with a corrected Uniform Business Report (UBR). The corrected UBR changed the registered agent. Apparently the Registered Agent did not sign the report. According to your records, a correction letter requesting the signature was sent out. We did not receive the letter and in fact thought the matter was settled.

Please consider these circumstances and advise me of your decision.

Thank you for your assistance with this matter.

Sincerely,



Colleen Delaney, President

Article Of Amendment  
To  
Articles of Incorporation  
Of

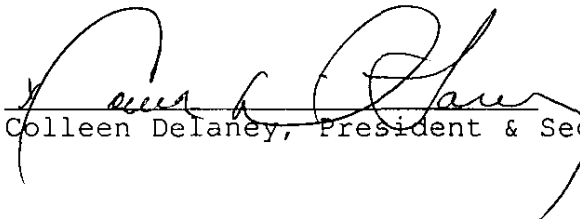
COLLEEN DELANEY, INC.

Colleen Delaney, Inc., a corporation of the State of Florida, whose registered office is located at 9951 Atlantic Blvd Suite 174, Jacksonville, Florida, certifies pursuant to the provisions of state law, that, at a meeting of the stockholders of said corporation held May 10, 2006 called for the purpose of amending the Articles of Incorporation resolved by a vote of the majority of the stockholders entitled to vote that ARTICLE I of the Articles of Incorporation is amended to read as follows effective May 10, 2006:

**ARTICLE I**

**NAME** The name of the corporation will become  
Superior Enterprises of Jacksonville, Inc.

Signed this Tenth day of May, 2006

  
Colleen Delaney, President & Secretary

Colleen Delaney, Inc.  
9951 Atlantic Blvd. Suite 174  
Jacksonville, FL 32225

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32315