


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000071183 1. Entity Name SUPERIOR ALUMINUM & SCREEN INC.						FILED 05 OCT 11 PM 5:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 2240 WISON BLVD NORTH NAPLES, FL 34120				Mailing Address 2240 WISON BLVD NORTH NAPLES, FL 34120			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLETTA, CHRISTOPHER 2240 WISON BLVD NORTH NAPLES, FL 34120				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE P/D <input type="checkbox"/> Delete NAME COLETTA, CHRISTOPHER STREET ADDRESS 2240 WISON BLVD NORTH CITY-ST-ZIP NAPLES, FL 34120				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VP/T <input type="checkbox"/> Delete NAME COLETTA, CHRISTOPHER STREET ADDRESS 2240 WISON BLVD NORTH CITY-ST-ZIP NAPLES, FL 34120				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE S <input type="checkbox"/> Delete NAME COLETTA, CHRISTOPHER STREET ADDRESS 2240 WISON BLVD NORTH CITY-ST-ZIP NAPLES, FL 34120				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Christopher J Coletta</u> 10/06/05 (239) 273-3737 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							