


2006 FOR PROFIT CORPORATION REINSTATEMENT

10/2

DOCUMENT # P04000101211		
1. Entity Name SUPERIOR WASH INC.-WEST FLORIDA		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 13 PM 1:22

Principal Place of Business 4100 N POWERLINE ROAD SUITE 11 POMPANO BEACH, FL 33073 US	Mailing Address 4100 N POWERLINE ROAD SUITE 11 POMPANO BEACH, FL 33073 US
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REINSTATEMENT

06

2. Principal Place of Business 1020 N E 44th St.	3. Mailing Address 1020 N E 44th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10112006 REIN-P CR2E098 (11/05)

City & State OAKLAND PARK FL	City & State OAKLAND PARK FL
Zip 33334 -	Zip 33334 - 3822
Country	Country

4. FEI Number 51-0513756	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GARCIA, VINCENT 4100 N POWERLINE ROAD POMPANO BEACH, FL 33073	
1020 N E 44th St OAKLAND PARK FL 33334 - 3822	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 	10/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

2 of 2

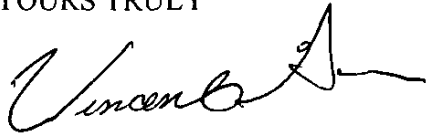
ALEXANDER JACKSON
CERTIFIED PUBLIC ACCOUNTANT
4900 NORTH OCEAN BLVD
LAUDERDALE BY THE SEA, FL 33308
SUITE 1412
954 658 3664

FLORIDA DIVISION OF CORPORATIONS

WE NEVER RECEIVED ANY LETTERS BECAUSE OF KATRINA

PLEASE FORGIVE US BEING LATE

YOURS TRULY



THIS LETTER AND CHECK WAS MAILED
ON 8/11/06 WITH (2) OTHER CORPORATIONS
THAT WENT THERE. I HAVE TO GET COPIES
OF CHECK FROM BANK TO PROVE IT.
I AM PAYING THIS AGAIN