

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000081200

FILED  
Sep 18, 2007  
Secretary of State

Entity Name: SUPERIOR HURRICANE PROTECTION INC.

## Current Principal Place of Business:

22119 ALTONA DRIVE  
BOCA RATON, FL 33428

## New Principal Place of Business:

160 NW 24TH STREET  
UNIT 17-22  
BOCA RATON, FL 33431

## Current Mailing Address:

22119 ALTONA DRIVE  
BOCA RATON, FL 33428

## New Mailing Address:

160 NW 24TH STREET  
UNIT 17-22  
BOCA RATON, FL 33431

FEI Number: 20-5151879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, MICHAEL S  
22119 ALTONA DRIVE  
BOCA RATON, FL 33428 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 S. SMITH

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SMITH, MICHAEL S  
Address: 22119 ALTONA DRIVE  
City-St-Zip: BOCA RATON, FL 33428

Title: D ( ) Delete  
Name: BERNSTEIN, ROBERT  
Address: 22119 ALTONA DRIVE  
City-St-Zip: BOCA RATON, FL 33428

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SMITH, MICHAEL S  
Address: 22119 ALTONA DRIVE  
City-St-Zip: BOCA RATON, FL 33428

Title: COO (X) Change ( ) Addition  
Name: BREDOFF, SHANE M  
Address: 6639 SWEET MAPLE LANE  
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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 S. SMITH

Electronic Signature of Signing Officer or Director

CEO

09/18/2007

Date