

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 DEC 23 PM 4:17

DOCUMENT # P06000098088

1. Corporation Name

SUPERIOR CAPITAL FUNDING INC

**REINSTATEMENT** 08-09 KS

2. Principal Office Address - No P.O. Box #

2056 Cornell Road

Suite, Apt. #, etc.

3. Mailing Office Address

2056 Cornell Road

Suite, Apt. #, etc.

City & State

Middleburg FL

City & State

Middleburg FL

Zip

32068

Country

USA

Zip

32068

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/26/2006

5. FEI Number  
20-5267601

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Darrick Bonner

Street Address (P.O. Box Number is Not Acceptable)

2056 Cornell Road

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

✓ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 12/08/2009

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T	Darrick Bonner	2056 Cornell Rd	Middleburg, FL 32068
VP/S	Wanda Bonner	2056 Cornell Rd	Middleburg, FL 32068

10. E-mail Address: victoria@garbacik-cpa.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

PRESIDENT

12/08/2009

904-382-7637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #