

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR <i>Renewal 1998</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P93000014632</i>		FILED 98 MAY -5 PM 2:10 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name <i>Superior Bedrooms, Inc.</i> <i>(Profit Corporation)</i>			
Principal Place of Business SUPERIOR BEDROOMS INC 4475 MOBILE HIGHWAY PENSACOLA FL 32506 <i>(850) 456-1241</i>		Mailing Address SUPERIOR BEDROOMS INC 4475 MOBILE HIGHWAY PENSACOLA FL 32506 <i>(850) 456-1241</i>	
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		4. Date Incorporated or Qualified To Do Business in Florida <i>2-18-93</i>	
		5. FEI Number <i>59-3167879</i>	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<i>Pres.</i>	<i>Elmer D. Githens</i>	<i>37 Bayshore Drive</i>	<i>Pensacola, FL 32507</i>
			<i>200002516352--6</i> <i>-05/07/98--01133--009</i> <i>****150.00 ****150.00</i>
			<i>158</i> <i>5/15/98</i>
8. Name and Address of Current Registered Agent <i>Elmer D. Githens</i> <i>37 Bayshore Drive</i> <i>PENSACOLA, FL 32507</i>		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <i>FL</i>	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent <i>ED Githens</i> Date <i>5/1/98</i> REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: <i>ED Githens, President</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Elmer D. Githens</i>		Date <i>5/1/98</i> (850) 456-1241 Daytime Phone #	

CR2040 (12/96)