

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT #P97000088133 1. Entity Name SUPERIOR STRUCTURES, INC.						FILED 05 FEB -9 AM 8: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 7802 BENJAMIN RD TAMPA, FL 33634				Mailing Address 7802 BENJAMIN RD TAMPA, FL 33634			
2. Principal Place of Business 7031 BENJAMIN RD. Suite, Apt. #, etc. Suite # G. City & State TPA, FL. Zip 33634		3. Mailing Address 7031 BENJAMIN RD. Suite, Apt. #, etc. Suite # G. City & State TAMPA, FL. Zip 33634		4. FEI Number 59-3478204			
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BESHARA, HARB 9706 PORT COLONY WAY TAMPA, FL 33615				7. Name and Address of New Registered Agent Name STATEMENT 04-05 Street Address (P.O. Box Number (if 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 _____ <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 \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARB, BESHARA I 9706 PORT COLONY WAY CLEARWATER, FL 33756 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST HARB, BESHARA I. 9706 PORT COLONY WAY TAMPA, FL. 33615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NAVARRO, ROBERT A 1519 TANGERINE ST CLEARWATER, FL 33756 <input type="checkbox"/> Delete			900047542499 03/02/05--01007--015 **300.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: BESHARA I. HARB <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date: 2/7/05 Daytime Phone #: 813-884-2636			