PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 0102

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 MAR -6 AM 10:03

DOCUMENT # P99000013228

1. Corporation Name
Superior Automotive Marketing Inc.

200005134262--2
-03/19/02--01044--029
****300.00 ****300.00

2. Principal Office Address	**3.** Mailing Office Address
101 S U.S. Hwy 1	101 S U.S. Hwy 1
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Pierce Fl.	City & State: Fort Pierce Fl.
Zip: 34950 Country: ST Lucie	Zip: 34950 Country: ST Lucie

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650894309F ☐ 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: STANley J WALwick

Street Address (P.O. Box Number is Not Acceptable): 101 S U.S. Hwy 1

Suite, Apt. #, Etc.:

City: FT Pierce | State: FL | Zip Code: 34950

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: Stanley J Walwick — REGISTERED AGENT MUST SIGN

Date: Feb. 26, 2002

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
Pres	STANley J. WALwick	1724 Coconut Dr	FT. Pierce Fl. 34949
V.P.	Cynthia L. Walwick	1724 Coconut Dr	FT Pierce Fl. 34949
Sec	MANDY L (Walwick) Seeger	8501 North Blvd	FT Pierce Fl. 34951

JR 3/19

10. 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: Cynthia L Walwick — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-02 — Date

772-460 1521 — Daytime Phone #