## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000037852

City-St-Zip:

PALMETTO BAY, FL 33158

FILED Nov 17, 2007 Secretary of State

Entity Name: SUPERIOR MARKET, INC. **Current Principal Place of Business: New Principal Place of Business:** 1502 CORUNA AVENUE CORAL GABLES, FL 33156 **Current Mailing Address: New Mailing Address:** 1502 CORUNA AVENUE CORAL GABLES, FL 33156 FEI Number: 65-0879736 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KARBORAWI, ELIAS KARBORANI, ELIAS 1502 CORUNA AVE 1502 CORUÑA AVE CORAL GABLES, FL 33156 US CORAL GABLES, FL 33156 US 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: ELIAS KARBORANI 11/17/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition KARBORANI, CARIDAD Name: Name: 1502 CORUNA AVENUE Address: Address: City-St-Zip: CORAL GABLES, FL 33156 City-St-Zip: ( ) Delete Title: VTSD Title: () Change () Addition Name: KARBORANI, ELIAS Name: 1502 CORUNA AVENUE Address: Address: CORAL GABLES, FL 33156 City-St-Zip: City-St-Zip: Title: Title: VD () Delete () Change () Addition KARBORANI, ZUHAIR Name: Name: 13655 OLD CUTLER ROAD Address: Address:

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.

City-St-Zip:

SIGNATURE: ZUHAIR KARBORANI VD 11/17/2007