

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000073801

1. Entity Name
SUPERIOR AUTOMOTIVE MARKETING SOLUTIONS, INC.



Principal Place of Business
1134 SW GREENBRIAR COVE
PORT SAINT LUCIE, FL 34986

Mailing Address
1134 SW GREENBRIAR COVE
PORT SAINT LUCIE, FL 34986

2. Principal Place of Business
7845 SABAL LAKE DR

3. Mailing Address
7845 SABAL LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT ST. LUCIE, FL

City & State
PSL, FL 34986

Zip
34986

Country
USA

Zip

Country
USA

4. FEI Number
65-0943875

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALKER, RANDALL L II
1134 SW GREENBRIAR COVE
PORT ST LUCIE, FL 34986

change
address!

Name

Street Address (P.O. Box Number is 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-05

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
D
WALKER, RANDALL L II
1134 SW GREENBRIAR COVE
PORT ST LUCIE, FL 34986 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES, VP, SEC, TREAS D.
RANDALL L. WALKER II
201 LEDGE CIRCLE
BIRMINGHAM, AL 35242 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
300053925733
05/05/05--01066--005 **300.00 ☐ Change ☐ Addition

TITLE
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Signature and typed or printed name of signing officer or director

4-15-05

205-215-5083

Date

Daytime Phone #