PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000090820

800024726138
12/04/03--01027--018 **50.00

11/17/03 01012 007 **408.75
REINSTATEMENT 01-03

1. Corporation Name
Superior Specialty Company, Inc.

2. Principal Office Address	3. Mailing Office Address
11001 Old St Augustine Rd	11001 Old St Augustine Rd
Suite, Apt. #, etc.: # 314	Suite, Apt. #, etc.: # 314
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32257 Country: US	Zip: 32257 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: October 15, 1999

5. FEI Number: 59 - 3601568 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: Richard Flynn

Street Address (P.O. Box Number is Not Acceptable): 11001 Old St Augustine Rd

Suite, Apt. #, Etc.: # 314

City: Jacksonville, Florida State: FL Zip Code: 32257

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: Richard Flynn
REGISTERED AGENT MUST SIGN

Date: 10/12/03

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
P,S,T	Richard Flynn	11001 Old St Augustine Rd #314	Jacksonville, Florida 32257
			800024726138

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: Richard Flynn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 10/12/03

Daytime Phone #: 904-813-3214