

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF CORPORATIONS

FILED
SECRETARY OF STATE
FORM OF CORPORATIONS

19 MAY 17 AM 10:03

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F15000004614 *Calabria*

1 Corporation Name

3S Incorporated

2. Principal Office Address - No P.O. Box # 8686 Southwest Parkway State, Apt #, etc. Harrison, OH Zip 45030 Country USA		3. Mailing Office Address Parkway State, Apt #, etc. Harrison, OH Zip 45030 Country USA	
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000328423200
04/23/19--01016--033 **793.75
000328423200
05/23/19--01027--011 **450.00
CREDIT (11.11)

4. Date Incorporated or Qualified To Do Business in Florida
10/16/2015

5. FEI Number
26-2181517

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (If P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

State, Apt #, etc.
PLANTATION FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607 (B)(5) or 617 (5)(3), F.S.

Signature of Registered Agent: *James M. Halpin* James M. Halpin
Assistant Secretary
Date: 4/17/2019

REGISTERED AGENT MUST SIGN

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
D	Lee Anderson	1100 OLD HWY 8 NW	NEW BRIGHTON, MN 55112
DS	William Beadie	1100 OLD HWY 8 NW	NEW BRIGHTON, MN 55112
T	Tom Lydon	1100 OLD HWY 8 NW	NEW BRIGHTON, MN 55112
P	Matt Euson	8686 Southwest Parkway	Harrison, OH 45030

10. E-mail Address: *Holly.Stone@3S-Incorporated.us* (To be used for future annual report notification)

11. 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. Further certifying that the reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607 0401 or 617 0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817 105, F.S.

SIGNATURE: *M.M. Halpin* 4/17/19 513-202-5070
Date: 4/17/19 Daytime Phone #

MAY 21 2019

~~D. CUSHING~~