

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000008059

Name and Mailing Address

0009987 01 FP 0.352 **PRSRT H5 0 0615 33186-382811
S & S ENTERPRISES, LLC.
12111 SW 110TH STREET-CIRCLE SOUTH
MIAMI FL 33186-3828

02 DEC -4 PM 1:41



REINSTATEMENT 2002

2. New Mailing Address 3710 SW 154CT City, State, Zip Miami, FL 33185		4. State/Country of Formation FL	
Principal Place of Business 12111 SW 110TH STREET-CIRCLE SOUTH MIAMI FL 33186		5. Date Organized or Qualified To Do Business in Florida 05/18/2001	
3. New Principal Place of Business Address 12111 SW 110TH STREET-CIRCLE SOUTH 3710 SW 154CT City, State, Zip Miami, FL 33185		6. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (8/02)

8. Name and Address of Current Registered Agent NUNEZ, GENELLY 12111 SW 110TH STREET - CIRCLE SOUTH MIAMI FL 33186		9. Name and Address of New Registered Agent Name Aida Nuñez Street Address (P.O. Box Not Permitted) 3710 SW 154CT 33185 City Miami FL Zip Code 33185	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Aida Nuñez Date 11/16/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	NUNEZ, STARLEY F	12111 SW 110TH STREET - CIRCLE SOUTH	MIAMI FL
MGRM	NUNEZ, STUART J	12111 SW 110TH STREET - CIRCLE SOUTH	MIAMI FL
MGRM	NUNEZ, FELIX J	12111 SW 110TH STREET - CIRCLE SOUTH	MIAMI FL
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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Starley F Nuñez Date 11/16/02 Daytime Phone # (305) 490-3752

Typed or printed name of signing Managing Member/Manager Starley F Nuñez