

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

Paye Sub

00 OCT 24 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L 51304

1. Corporation Name

SSQ GROUP, INC.

Principal Place of Business

Mailing Address

1295 WEST WASHINGTON STREET, SUITE 215
TEMPE AZ 85281-1210
US

1295 WEST WASHINGTON STREET, SUITE 215
TEMPE AZ 85281-1210
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/15/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number **65-0173683**

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
DPT	BRUE, GREGORY	8619 TENNYSON NE	ALBUQUERQUE NM 87122
	SEE ATTACHED SHEET		200003447102--7
			-11/01/00-01056-020
			****758.75 ****758.75

REINSTATEMENT 00
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Connie Bryan*

CONNIE BRYAN
REGISTERED **SPECIAL ASSISTANT SECRETARY**

Date **10-24-00**

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. 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:

Robert S. Sullivan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-00
Date

480-586-2640
Daytime Phone #

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**SSQ Group, Inc.
Officers / Directors**

Title	Name	Street Address	City / State / Zip
DC	John Lopez-Ona	64 Winfield Road	Princeton, NJ 08540
DP	Bruce J. Hayes	800 Hingham Street - 2N	Rockland, MA 02359
D	Lawrence DeAngelo	191 Peachtree Street, NE	Atlanta, GA 30303
D	David S. Inglis	1300 E. 9 th Street, Ste 1600	Cleveland, OH 44114
DV	David Dippre	1318 W. Pebble Ct.	Gilbert, AZ 85233
VS	David Mansfield	8203 E. Carol Way	Scottsdale, AZ 85260
V	James Braddock	3209 Sequoyah Circle	Jacksonville, FL 32259
V	Christopher A. Bonner	1956 E. Brentrup Drive	Tempe, AZ 85283
VT	Robert E. Shank	4753 E. Redfield Road	Phoenix, AZ 85032
V	Scott Ashby	7644 E. Balao Drive	Scottsdale, AZ 85262