

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 JUN 23 AM 7:50


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-08

200131195892
06/11/08--01028--009 **450.00

200131195892
06/23/08--01052--005 **300.00
CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03000083706**

1. Corporation Name
Service Solutions, Inc

2. Principal Office Address - No P.O. Box # 200 South Birch Rd		3. Mailing Office Address 200 South Birch Rd	
Suite, Apt. #, etc. #606		Suite, Apt. #, etc. #606	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33316	Country USA	Zip 33316	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **7/31/2003**

5. FEI Number **32-0250257**

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

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

7. Name and Address of Current Registered Agent

Name **Farrell Gerber**

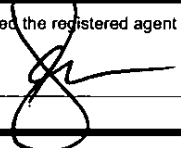
Street Address (P.O. Box Number is Not Acceptable)
200 South Birch Road

Suite, Apt. #, Etc.
#606

City Ft. Lauderdale	State FL	Zip Code 33316
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The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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.

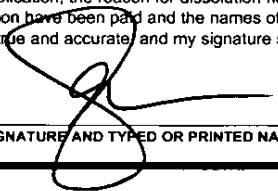
Signature of Registered Agent  Date **6/6/8**

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
PSTD	Farrell I. Gerber	200 South Birch Rd #606	Ft. Lauderdale, FL 33316

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 contained in Chapter 119, 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:  Date **6/6/8** Daytime Phone # **954-325-3885**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TB 6/25/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2008

SERVICE SOLUTIONS, INC.
200 SOUTH BIRCH RD., #606
FT. LAUDERDALE, FL 33316

SUBJECT: SERVICE SOLUTIONS, INC.
Ref. Number: P03000083706

We have received your document for SERVICE SOLUTIONS, INC. and your check(s) totaling \$450.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate without penalty is \$750.00.

There is a balance due of \$300.00 for reinstatement.

The name of the above listed entity is no longer available. Please file an amendment changing the name of this entity. The amendment filing fee is \$35.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together with the applicable fees for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Michelle Milligan
Document Specialist Supervisor

Letter Number: 608A00035892