

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 DEC 30 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005487

1. Corporation Name

SSPCS Corporation

Principal Place of Business

3295 Fort Charles Drive  
Naples, FL 34102

Mailing Address

3295 Fort Charles Drive  
Naples, FL 34102

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

**REINSTATEMENT 9/6-97**

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

November 8, 1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0622036

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO, Secy., Director	<u>Peter Sulick</u>	3295 Fort Charles Drive	Naples, FL 34102
President, Treasurer, Asst. Secy., Director	<u>C. Meade Sutterfield</u>	3295 Fort Charles Drive	Naples, FL 34102

500002385945--2

8. Name and Address of Current Registered Agent

The Prentice-Hall Corporation System, Inc.  
1201 Hayes Street, Suite 105  
Tallahassee, FL 32301

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

*Karen B. Rozar*

REGISTERED AGENT MUST SIGN **Karen B. Rozar, As Its Agent**

Date

12-30-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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:

*Peter Sulick*

Peter Sulick, CEO & Secretary (941) 261-0295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)

2



ACCOUNT NO. : 072100000032

REFERENCE : 651036 4320788

AUTHORIZATION : *Patricia Pignatelli*

COST LIMIT : \$ 915.00

ORDER DATE : December 29, 1997

ORDER TIME : 10:18 AM

ORDER NO. : 651036-010

CUSTOMER NO: 4320788

CUSTOMER: Eleanor Horsley, Legal Asst  
LATHAM & WATKINS

1001 Pennsylvania Avenue, N.w.  
Suite 1300  
Washington, DC 200042505

DOMESTIC FILING

NAME: SSPCS CORPORATION

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Daniel W Leggett

EXAMINER'S INITIALS:

97 DEC 30 AM 11:23  
RECEIVED