

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION**

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

FILED

01 DEC -6 PM 3-20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # F99000000037

1. Corporation Name

SSC Holding Company

2. Principal Office Address

306 Havendale Blvd

Suite, Apt. #, etc.

City & State

Auburndale, FL

Zip Country

33823 FL U.S.

3. Mailing Office Address

13541 Oak Knoll Rd

Suite, Apt. #, etc.

City & State

Clermont FL

Zip Country

34711 U.S.

4. Date Incorporated or Qualified To Do Business in Florida

11/4/99

5. FEI Number

54-1906545

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Audra S. Claypool

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

2504 Ariana Blvd

Suite, Apt. #, Etc.

City

Auburndale, FL

State  
FL

Zip Code

33823

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

*Audra S. Claypool*

Date

12/4/01

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
Pres.	Lisa Smith	13541 Oak Knoll Rd	Clermont, FL 34711
V.P.	Audra Claypool	2504 Ariana Blvd	Auburndale, FL 33823
			06-4-02 18
			200004710982

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 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:

*Lisa M Smith*

Lisa M Smith

Date

12/3/01

Daytime Phone #

863-529-4719

CR2081 (9/00)



PAGE 2072

ACCOUNT NO. : 072100000032

REFERENCE : 579677 7294272

AUTHORIZATION :

COST LIMIT : \$ 308.75

ORDER DATE : December 5, 2001

ORDER TIME : 4:35 PM

ORDER NO. : 579677-005

CUSTOMER NO: 7294272

CUSTOMER:

Ssc Holding Company  
13541 Oak Knoll Road

Clermont, FL 34711

RECEIVED  
01 DEC -6 AM 9:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
*Patricia Pajot*

DOMESTIC FILINGS

NAME: SSC HOLDING COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS \_\_\_\_\_