

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

SPONS LLC
CORPORATION
REINSTATEMENT
UBR



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 OCT 28 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010493

1. Corporation Name

S&S FINANCIAL GROUP OF FLORIDA LLC

2. Principal Office Address

2020 West Brandon Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 202

Suite, Apt. #, etc.

City & State

Brandon, Florida

City & State

Zip

33511

Country

USA

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

6/27/2001

5. FEI Number

65-1122600

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

Miguel Salgueiro

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

11780 SW 89 Street Ste. 300

Suite, Apt. #, Etc.

Suite #300

City

Miami

State
FL

Zip Code
33186

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

REGISTERED AGENT MUST SIGN

Date 10/22/02

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
MGRM	FINANCIAL SERVICE CORPORATION OF FLORIDA	11030 North Kendall Drive Ste.100	Miami, Fl. 33176
MGRM	S&S COMPANY OF SOUTH FLORIDA, INC.	11780 SW 89 Street Ste. 300	Miami, Fl. 33186

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:

Miguel Salgueiro

10/22/02 (305) 598-9989

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



2062

FILED



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 22, 2002

Department of State
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Division of Corporations:

Enclosed, please find our Reinstatement Application. We asking please to have the Reinstatement fees waived due to the reason that we never received the Annual Filing Report.

Thank you for your consideration.

Sincerely,


Miguel Salgueiro
President