

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 DEC 21 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR

CR2E041 (1/07)

DOCUMENT # L02000006109

1. Limited Liability Company's Name

SSR, LLC

06

2. Principal Office Address - No P.O. Box #
399 W. PALMETTO PARK ROAD

3. Mailing Office Address
399. W. Palmetto Park Road

Suite, Apt. #, etc.
100

Suite, Apt. #, etc.
Suite 100

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country
USA

Zip
33432

Country

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified To Do Business in Florida
March 14, 2002

6. FEI Number
56-2334961

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Thomas U. Graner, Esq.

Street Address (P.O. Box Number is Not Acceptable)
399 W. Palmetto Park Road

Suite, Apt. #, Etc.
100

City
Boca Raton

State
FL

Zip Code
33432

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date
December 18, 2007

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Richard Polidori	c/o 399 W. Palmetto Park Road, Ste. 100	Boca Raton, FL 33432

200114339172
01/08/08--01022--006 **285.00

REINSTATEMENT 2006-2007

11. I certify that I am managing member/manager of the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager

Date December 18, 2007 Daytime Phone# (561) 750-2445

Typed or printed name of signing Managing Member/Manager

Thomas U. Graner, Esq. as Power of Attorney for Richard Polidori