

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV 13 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 02000029770

1. Limited Liability Company's Name

SS Funding, LLC

2. Principal Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

2500

City &amp; State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

2500

City &amp; State

Miami, FL

Zip

33131

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/7/2002

6. FEI Number

51-0450163

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

Steven R. Cook

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

701 Brickell Avenue

Suite, Apt. #, Etc.

2500

City

Miami

State

FL

Zip Code

33131

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

SEE BELOW

Date 11/10/03

REGISTERED AGENT MUST SIGN

## 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	Strategica Management LLC	701 Brickell Ave., St. 2500	Miami, FL 33131
MGR	Jack D. Burstein	701 Brickell Ave., St. 2500	Miami, FL 33131
MGR	Steven R. Cook	701 Brickell Ave., St. 2500	Miami, FL 33131
REINSTATEMENT 03 6/4 11/13/03 -- 01051 -- 034 -- \$150.00			

11. I certify that I am managing member/manager or 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 608.408, 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 11/10/03 Daytime Phone# 305-536-1414

Typed or printed name of signing Managing Member/Manager Steven R. Cook