

L04000047168

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 17 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000047168

1. Limited Liability Company's Name SS Shores, L.L.C.

05

BK

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

588 N.E. 58 Street

Suite, Apt. #, etc.

3. Mailing Office Address

588 N.E. 58 Street

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33137

Country

USA

Zip

33137

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/23/2004

6. FEI Number

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 G. Sherman, P.A.

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

90 Almeria Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

BK

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

president

Date 12/14/07

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
MEM	Neil S. Schuster	588 N.E. 58 Street	Miami, FL 33137
MEM	Stephen C. Schuster	PO Box 685	Dwight Mills, MD 21117
			500113407395
			12/26/07--01052--017 250.00
			REINSTATEMENT 2005-2007

11. I certify that I am a 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 608.406, 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

x Neil S. Schuster, Co-Manager

Date 12/14/07

Daytime Phone # (786) 877-6670

Typed or printed name of signing Managing Member/Manager

Neil Schuster