2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Feb 17, 2006
Secretary of State

DOCUMENT# L04000080248

Entity Name: S & S ENTERPRISES, LLC

Current Principal Place of Business:

30 SOUTH SHORE DRIVE
DESTIN, FL 32550 US

New Principal Place of Business:

1209 N. PALAFOX
PENSACOLA, FL 32501 US

Current Mailing Address:

30 SOUTH SHORE DRIVE
DESTIN, FL 32550 US

New Mailing Address:

P.O.BOX 12566
PENSACOLA, FL 32591 US

FEI Number: 83-0422735 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CADENHEAD & ASSOCIATES, P.A.
30 SOUTH SHORE DRIVE
DESTIN, FL 32550 US

Name and Address of New Registered Agent:

SIDES, MARILYN
P.O. BOX 12566
PENSACOLA, FL 32591 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MARILYN SIDES 02/17/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MRG ( ) Delete
Name: SIDES, THOMAS H
Address: 30 SOUTH SHORE DRIVE
City-St-Zip: DESTIN, FL 32550 US

Title: MGRM ( ) Delete
Name: SCOTT, MARY
Address: 30 SOUTH SHORE DRIVE
City-St-Zip: DESTIN, FL 32550 US

Title: MGRM ( ) Delete
Name: SIDES, MARYLIN
Address: 30 SOUTH SHORE DRIVE
City-St-Zip: DESTIN, FL 32550 US

Title: MGRM ( ) Delete
Name: SCOTT, J B
Address: 30 SOUTH SHORE DRIVE
City-St-Zip: DESTIN, FL 32550 US

ADDITIONS/CHANGES:

Title: MRG (X) Change ( ) Addition
Name: SIDES, THOMAS H
Address: P.O. BOX 12566
City-St-Zip: PENSACOLA, FL 32591 US

Title: MGRM (X) Change ( ) Addition
Name: SCOTT, MARY
Address: P.O. BOX 12566
City-St-Zip: PENSACOLA, FL 32591 US

Title: MGRM (X) Change ( ) Addition
Name: SIDES, MARYLIN
Address: P.O. BOX 12566
City-St-Zip: PENSACOLA, FL 32591 US

Title: MGRM (X) Change ( ) Addition
Name: SCOTT, J B JR.
Address: P.O. BOX 12566
City-St-Zip: PENSACOLA, FL 32591 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARILYN SIDES MGRM 02/17/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date