

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L06000108489**

1. Limited Liability Company's Name

SS2 ASSOCIATES LLC

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

4866 Stoneacres Cir

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St. Cloud, FL

City & State

Zip

Country

Zip

Country

34771

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

11/08/2006

6. FEI Number

20-5856906

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

SHIRIN MANDANI

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

4866 STONEACRES CIR

Suite, Apt. #, Etc.

City

ST. CLOUD

State

FL

Zip Code

34771

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12/14/09**

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	SHIRIN MANDANI	4866 STONEACRES CIR	ST CLOUD, FL 34771
MGRM	NADIR SOMANI	1415 First St NE	Winter Haven FL 33881
			S. HAWKES
			DEC 28 2009
			EXAMINER

11. E-mail Address:

(To be used for future annual report notifications)

12. 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 608.406, 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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager