

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000070096

1. Corporation Name

S3 MANAGEMENT, LLC

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

430 SW 136th Place

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33184

Country

US

Zip

Country

US

7. Name and Address of Current Registered Agent

Name

Hector Estrada

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

430 SW 136th Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33184

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

REGISTERED AGENT MUST SIGN

Date

9-1-09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Hector Estrada	430 SW 136th Place	Miami, Florida 33184

JB

REINSTATEMENT 2009

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

Hector Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

September 1, 2009

Date

Daytime Phone #

FILED
09 OCT -6 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200161284702
10/02/09--01045--015 **150.00

CR2E081 (12/08)

**4. Date Incorporated or Qualified
To Do Business in Florida** **07/21/2008**

5. FEI Number
26-3015457

☐ **Applied For**
☐ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☐ **\$8.75 Additional Fee required
for a Certificate of Status**

☒ **The 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 reinstatement fee be waived.**