

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L96801**

1. Corporation Name

S S B SERVICE CORP.

Principal Place of Business

1189 HYPOLUXO RD
LANTANA FL 33462
US

Mailing Address

P O BOX 20509
W PALM BCH FL 33410
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/30/1990

5. FEI Number

65-0214382

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
AM	EPPENGA, LINDA	1189 HYPOLUXO RD	LANTANA FL 33462
PCEO	JOHNSON, JAMES J	1189 HYPOLUXO RD	LANTANA FL 33462
			000003036080--4 -11/05/99--01044--017 ***750.00 ***750.00

REINSTATEMENT 99 18

8. Name and Address of Current Registered Agent

LESHER, GERALD S
COONEY, WARD, LESHER & DAMON, P.A.
1555 PALM BEACH LAKES BLVD., STE. 1000
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **STERLING BANK**
Street Address (P.O. Box Number is Not Acceptable)
1189 HYPOLUXO RD.
Suite, Apt. #, Etc.
City **LANTANA** State **FL** Zip Code **33462**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **OCTOBER 14, 1999**

11. 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 under section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OCTOBER 14, 1999

Date

561-968-1000

Daytime Phone #

CF2E040 (9/99)