TO:8132545324

ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
01 FEB -5 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L98000002486

REINSTATEMENT 1999-2001

1. Limited Liability Company's Name

S.S. REALTY, LLC

2. Principal Office Address	3. Mailing Office Address
16314 Villarreal de Avila	"same"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33613 Country: USA	Zip: 33613 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 9/26/98

6. FEI Number: 59-3542509

7. CERTIFICATE OF STATUS DESIRED: YES

8. Name and Address of Current Registered Agent

Name: VANESSA N. COHN, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 705 W. Azeele Street

700003742867--2
-02/20/01--01044--029
****250.00 ****250.00

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33613

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: Vanessa N Cohn Date: 2/2/2001

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Stephen Bracciale	16607 Villa Lenda de Avila, Tampa, FL 33613	
Mgr.	Simon Sinnreich	16314 Villarreal de Avila, Tampa, FL 33613	
			TB

11. 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 at the time of filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and 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: Stephen Bracciale Date: 2/2/01 Daytime Phone #: 813-493-1860

STEPHEN BRACCIALE

Typed or printed name of signing Managing Member/Manager: