PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
01 NOV -8 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001457

1. Limited Liability Company's Name
S & S Holding LLC

REINSTATEMENT 2001

2. Principal Office Address	**3.** Mailing Office Address
110 Bryce Lane	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Jupiter	
City & State	City & State
Jupiter, Fl	
Zip: 33458 Country: Palm Beach	Zip: Country:

4. State/Country of Formation: Marion FL

5. Date Organized or Qualified To Do Business in Florida: 1-1-99

6. FEI Number: 59-3554121 ☐ 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: Shawn T Griffin

600004694956--0
-11/27/01--01045--003
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 110 Bryce Lane

Suite, Apt. #, Etc.: Jupiter FL

City: Jupiter State: FL Zip Code: 33458

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: Shawn T Griffin
REGISTERED AGENT MUST SIGN

Date: 10-31-01

CR2E041 (9/01)

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
PDS	Shawn T. Griffin	110 Bryce Lane	Jupiter FL 33458
VPDT	Gary L. Hartzell	110 Bryce Lane	Jupiter FL 33458

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 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: Shawn T. Griffin Date: 10-31-01 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: