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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM  
DIVISION OF CORPORATIONSFILED  
DIVISION OF CORPORATIONS

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<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> M02000001466 <b>1. Limited Liability Company's Name</b> SSA HOLDINGS, LLC			
<b>2. Principal Office Address</b> 50 S. 6th STREET Suite, Apt. #, etc. SUITE 1500 City & State MINNEAPOLIS, MN Zip 55402 Country USA		<b>3. Mailing Office Address</b> 50 South 6th STREET Suite, Apt. #, etc. SUITE 1500 City & State MINNEAPOLIS, MN Zip 55402 Country USA	
<b>4. State/Country of Formation</b> MINNESOTA, USA		<b>5. Date Organized or Qualified To Do Business in Florida</b> 7-3-02	
<b>6. FEI Number</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

<b>8. Name and Address of Current Registered Agent</b> Name CONNIE GONZALEZ Street Address (P.O. Box Number is Not Acceptable) 225 NE 34th STREET Suite, Apt. #, Etc. STE 203 City MIAMI State FL Zip Code 33137	
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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

SCOTT

Date 10-15-03

REGISTERED AGENT MUST SIGN

**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
MEM	SCOTT S ANDERSON	2727 ASHBURNER RD	WAZATA MN 55391

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

SCOTT

Date 10/15/03

Daytime Phone # 6123328344

Typed or printed name of signing Managing Member/Manager

SCOTT S ANDERSON