

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 23 AM 10: 08

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000002394

1. Limited Liability Company's Name

SS WASHINGTON, LLC

2. Principal Office Address

7932 W. Sand Lake Rd

Suite, Apt. #, etc.

Suite 108

City & State

Orlando, FL

Zip

32819

Country

US

3. Mailing Office Address

7932 W. Sand Lake Rd.

Suite, Apt. #, etc.

Suite 108

City & State

Orlando, FL

Zip

32819

Country

US

4. State/Country of Formation

Indiana

5. Date Organized or Qualified
To Do Business in Florida

6-18-04

6. FEI Number

20-1141363

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (8/05)

8. Name and Address of Current Registered Agent

Name

Kyle Schmutzler

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

7932 West Sand Lake Road

Suite, Apt. #, Etc.

Suite 108

City

Orlando

State

FL

Zip Code

32819

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

REGISTERED AGENT MUST SIGN

Date 10-16-06

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
MGR	OBST HOLDINGS, LLC	7932 West Sand Lake Rd	Orlando, FL 32819

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

Date 10-16-06

Daytime Phone # 407-583-7878

Typed or printed name of signing Managing Member/Manager Kurt O'Brien, Manager