

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M04000005118

1. Limited Liability Company's Name

S3S Developers and Properties LLC.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

3565 Nobles Street

Suite, Apt. #, etc.

A

City & State

Pensacola FL

Zip

35514

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL

Zip

35514

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11-23-04

6. FEI Number

02-072-8867

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

Monterez K. Southall

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

3565 Nobles Street

Suite, Apt. #, Etc.

A

City

Pensacola

State

FL

Zip Code

32514

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Monterez K. Southall

REGISTERED AGENT MUST SIGN

Date

9/24/07

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
<u>MGRM</u>	<u>Monterez K. Southall</u>	<u>3565 Nobles Street</u>	<u>Pensacola FL 32514</u>
			<u>000109959930</u>
			<u>03/28/07--01035--004 **105.00</u>
			REINSTATEMENT
			<u>06.07</u>

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

Monterez K. Southall

Date

9-24-07

Daytime Phone #

850/691/1497

Typed or printed name of signing Managing Member/Manager