



2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000030766 1. Entity Name THE SOCIAL SECURITY CENTER, INC.						FILED 07 OCT -3 PM 12: 01 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 260 FAIRWAY CIRCLE NAPLES, FL 34110				Mailing Address 260 FAIRWAY CIRCLE NAPLES, FL 34110			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				 REINSTATEMENT 09272007 REIN-P CR2E088 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 65-0994451				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HUDSON, JANIS S 260 FAIRWAY CIRCLE NAPLES, FL 34110				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <i>Janis Hudson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <i>9/27/07</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUDSON, JANIS S			NAME	000110225550		
STREET ADDRESS	260 FAIRWAY CIRCLE			STREET ADDRESS	10/03/07--01029--016 **750.00		
CITY - ST - ZIP	NAPLES, FL 34110			CITY - ST - ZIP			
TITLE	D <input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BICE, JUDITH A			NAME			
STREET ADDRESS	6400 BOTTLEBRUSH LANE			STREET ADDRESS			
CITY - ST - ZIP	NAPLES, FL 34109			CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<i>9/10/07</i>			NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.							
SIGNATURE: <i>Janis S. Storchburner Hudson</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <i>9/27/07</i> <small>Daytime Phone #</small>			