

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -3 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO 1000000781

1. Corporation Name

S + S Construction + Equipment Inc.

2. Principal Office Address

540 N.E. 34 St

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Pompano BCH, FLA 33064

Zip

Country

33064

Broward

City & State

Same

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-26-2000

5. FEI Number

65-0610047

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sohn I. Duncan

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

540 N.E. 34 St

Suite, Apt. #, Etc.

City

Pompano BCH

State

FL

Zip Code

33064

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
owner	Sohn I. Duncan	540 N.E. 34 St	Pompano BCH, FL 33064

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Sohn I. Duncan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-27-02 (954) 650-4769
Date Daytime Phone #

CR2081 (9/01)