

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

04 JAN 29 PM 3:15

DOCUMENT # P01000003042

1. Corporation Name

SSFC Properties number Five Inc

2. Principal Office Address

5712 Hollywood Blvd

Suite, Apt. #, etc.

City & State

Hollywood, Florida 33021

Zip

33021

Country

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/18/2002

5. FEI Number

651153065

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

Jeannette Blanco

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

1216 N. Park Rd

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33021

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

Date

19 Jan. 04

REGISTERED AGENT MUST SIGN

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
P/S/D	JEANNETTE BLANCO	5712 HOLLYWOOD BLVD.	HOLLYWOOD, FLORIDA
VP/D	CANDICE SMITH	5712 HOLLYWOOD BLVD.	HOLLYWOOD, FLORIDA

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNETTE BLANCO

01/20/04

Date

954 987 7300

Daytime Phone #

CR2E081 (10/02)