PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 02-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 23 AM 10:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016549

1. Corporation Name

SSERB, INC.

2. Principal Office Address	**3.** Mailing Office Address
407 LINCOLN RD.	407 LINCOLN RD.
Suite, Apt. #, etc. SUITE 5-B	Suite, Apt. #, etc. SUITE 5-B
City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139 Country US	Zip 33139 Country US

4. Date Incorporated or Qualified To Do Business in Florida 2-13-2001

5. FEI Number 65-1075122 ☐ 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: LUIS G. BRITO

Street Address (P.O. Box Number is Not Acceptable): 407 LINCOLN RD.

Suite, Apt. #, Etc.: SUITE 5-B

City: MIAMI BEACH State: FL Zip Code: 33139

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: [signature] REGISTERED AGENT MUST SIGN Date: 6/20/03

CR2E081 (10/02)

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
PD	DANIEL ERBEN	1141 SW 87 TERR.	PEMBROKE PINES, FL 33025
VD	ROBERT ERBEN	1141 SW 87 TERR.	PEMBROKE PINES, FL 33025

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 5/20/03 Daytime Phone #: (305) 345-7199

1 sht

SSERB, Inc.
1141 SW 87 Terrace
Pembroke Pines, FL 33025

Memo

To: Dept. Of State

From: Daniel Erben

Date: April 23, 2003

Re: Reinstatement of Corporation

To whom it may concern,

It appears that the SSERB, Inc. was dissolved in error on 10/04/2002. A check was sent and cashed for $150.00 on 5/1/2002. Please reinstate the SSERB, Inc. Attached is a check for this years fee of $150.00. I am also asking that all late fees be waived. Thank you.

Respectfully,