FILED

02/03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DEC 16 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # P01000045373

1. Corporation Name

S & S PRODUCTION INTERNATIONAL, INC.

2. Principal Office Address	3. Mailing Office Address
5093 S.W. 163 AVENUE	SAME AS PRINCIPAL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIRAMAR, FL	City & State: FL 33027
Zip: 33027 Country: DADE	Zip: Country:

800009527808
12/16/02--01085--004 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: 5/4/2001

5. FEI Number: 65-1100263 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ILEANA ARIAS TOBAR-ESQ.

800009527808
01/14/03--01060--001 **150.00

Street Address (P.O. Box Number is Not Acceptable): WESTON TOWN CENTER 1725 MAIN STREET

Suite, Apt. #, Etc.: SUITE 205

City: WESTON, State: FL Zip Code: 33326

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: 12/11/02

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
PRES.	JUAN SILVA	5093 S.W.163 AVENUE	MIRAMAR, FL 33027
VICE PRES	SARA SCHMED	5093 S.W. 163 AVENUE	MIRAMAR, FL 33027

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: _____ 12/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E051 (R/01)

JS 1/16

CARLOS DE LA OSA, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

5001 S.W. 74th Court • Sutie 202 • Miami, Fl. 33155 • Phone (305) 273-1040 • Fax: (305) 668-8222
Members of American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants

December 11, 2002

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: S & S Production International, Inc.
Corporation Reinstatement
FEIN # 65-1100263

Gentlemen:

Enclosed please find a check in the amount of $150.00 to be applied as payment for the about corporation's Annual Report. Please be informed that this report was never received in our office. *

The purpose of this letter is to request that as a courtesy you will process this payment with out charging late filing penalties.

We apologize for any inconvenience this may have cause you and thank you in advance for your cooperation.

Sincerely,

Juan Silva

* THE ANNUAL REPORT IS FOR THE YEAR 2002