FILE No.820 09/24 '04 12:05 ID:CSC FAX:850 558 1515 PAGE

09-24-04 From T-691 P.02/02 F-428

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 3-04

DOCUMENT # P02000028127

1. Corporation Name
SDSS II Corp.

444 Brickell Avenue

2. Principal Office Address		3. Mailing Office Address	
444 Brickell Avenue			
Suite, Apt. #, etc: Suite 900		Suite, Apt. #, etc	
City & State: Miami, Florida		City & State	
Zip: 33131	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: March 14, 2002

5. FEI Number: 03-0404048 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for Certificate of Status

7) Name and Address of Current Registered Agent

Name: Stuart K. Hoffman, Esq.

Street Address (P.O. Box Number is Not Acceptable): c/o 1111 Brickell Avenue

Suite, Apt. #, Etc: Suite 2500

City: Miami. State: FL Zip Code: 33131

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: September 24, 2003

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	Allen C. de Olazarra	444 Brickell Avenue, Suite 900	Miami, Florida 33131
VP	Stuart K. Hoffman	1111 Brickell Avenue, Suite 2500	Miami, Florida 33131

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] September 24, 2003 (305) 810-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations
Public Access System

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(((H04000192174 3)))

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Division of Corporations
Fax Number : (850)205-0384 TXT

From:
Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT

SDSS II CORP.

Certificate of Status	1
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