

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000048169

1. Corporation Name

SSFC PROPERTIES NUMBER FIFTY THREE, INC.

APPROVED
AND
FILED

06 MAY -5 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000075270700

05/25/06--01019--001 **608.75

REINSTATEMENT 03-06 *Re*

CR2E081 (12/05)

2. Principal Office Address

5712 Hollywood Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Hollywood, Florida

City & State

Zip

33 021

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0059356

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

Ira B. Price

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

9560 S.W. 107 Ave.

Suite, Apt. #, Etc.

202

City

Miami

State

FL

Zip Code

33176

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 05/03/06

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/D/S	Jeannette Blanco	5712 Hollywood Blvd.	Hollywood, Florida 33021

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 contained in Chapter 119, 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:

Jeannette Blanco

05/03/06 954 987 7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #