
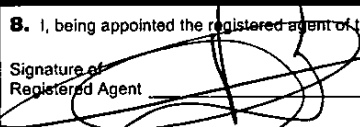
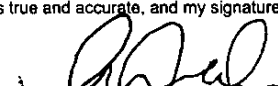


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION F <u>2006 AR</u>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 FEB 13 PM 2:48	
DOCUMENT # P04000170534					
1. Corporation Name Single Source Investment Group, Inc.					
2. Principal Office Address 500 Australian Avenue South			3. Mailing Office Address 500 Australian Avenue South		
Suite, Apt. #, etc. Suite 619			Suite, Apt. #, etc. Suite 619		
City & State West Palm Beach, FL			City & State West Palm Beach, FL		
Zip 33401	Country USA	Zip 33401	Country USA	100066214691 02/20/06--01073--020 **150.00 CR2E081 (12/05)	
4. Date Incorporated or Qualified To Do Business in Florida				5. FEI Number 20-2540451	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Ramon Pagan, Jr.					
Street Address (P.O. Box Number is Not Acceptable) 500 Australian Avenue South					
Suite, Apt. #, Etc. Suite 619					
City West Palm Beach, FL				State FL	Zip Code 33401
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 <u>1/9/06</u>					
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	Lawrence Creeger	500 Australian Avenue South, Suite 619		West Palm Beach, FL 33401	
ST	Ramon Pagan, Jr.	500 Australian Avenue South, Suite 619		West Palm Beach, FL 33401	
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: 		Date <u>1-17-06</u>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

2/14/06