PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1998 MAR 13 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000069177

1. Corporation Name

S & S REAL ESTATE SERVICE, INC.,

Principal Place of Business	Mailing Address
40347 U.S.Hwy 19N. Suite 102 Tarpon Springs, FL 34689	8401 Prestwick Place New Port Richey, FL 34655

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 10-01-93

5. FEI Number: 59-3205254 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	LINDA A. SESSA	8401 Prestwick Place	New Port Richey, FL 34655
			100002459721--2
			-03/17/98--01072--017
			***1050.00 ***1050.00
			REINSTATEMENT 98 98 3/13 MB
			100002459721--2
			-03/17/98--01072--018

8. Name and Address of Current Registered Agent

LINDA A. SESSA

9. Name and Address of New Registered Agent ******8.75 ******8.75

Name: LINDA A. SESSA
Street Address (P.O. Box Number is Not Acceptable): 8401 Prestwick Place
Suite, Apt. #, Etc.:
City: New Port Richey State: FL Zip Code: 34655

CR2E040 (12/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: March 11, 1998
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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] LINDA A. SESSA 3-11-98 (813) 942-4988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #