

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR 24 PM 4:00

DOCUMENT # **pg5000007825**

1. Corporation Name

SLLP, INC.

2. Principal Office Address

7954 PINES BOULEVARD

Suite, Apt. #, etc.

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City & State

PEMBROKE PINES, FL

Zip

33024

Country

BROWARD

3. Mailing Office Address

7954 PINES BOULEVARD

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33024

Country

BROWARD

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

65-0549434

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

EDWARD J. SCHACK

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

7954 PINES BOULEVARD

Suite, Apt. #, Etc.

City

PEMBROKE PINES

500005500675--8

-05/09/02--01055-012

*****1058.75 ***1058.75**

State
FL

Zip Code

33024

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

Edward J. Schack

REGISTERED AGENT MUST SIGN

Date **APRIL 18, 2002**

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 |
|--------|--------------------------------------|---|-----------------------------|
| D/P | EDWARD J. SCHACK | 7954 PINES BOULEVARD | PEMBROKE PINES, FL 33024 |
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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:

Edward J. Schack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2002 954 894 5656

Date

Daytime Phone #

CR2E081 (9/01)