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

1997 JAN -9 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000056243**

1. Corporation Name

S S STRATEGY CORP.

Principal Place of Business	Mailing Address
151 CRANDON BLVD UNIT 735 KEY BISCAYNE FL 33149	151 CRANDON BLVD UNIT 735 KEY BISCAYNE FL 33149

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

C/O Angela O Campo
Suite, Apt. #, etc. Keyes Company
634 Crandon Blvd.
Key Biscayne, Florida
Zip 33149 | Country U.S.

4. Date Incorporated or Qualified To Do Business in Florida **07/20/1995**

5. FEI Number — X 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
D	SMITH, SERGIO	151 CRANDON BLVD UNIT 735	KEY BISCAYNE FL 33149

700002056017--6
-01/14/97--01001--003
****375.00 ****375.00

REINSTATEMENT 01/14/97

8. Name and Address of Current Registered Agent

ROBERTS, NORMAN T
50 W MASHTA DR SUITE 2
KEY BISCAYNE FL 33149

9. Name and Address of New Registered Agent

Name: Sergio Smith
Street Address (P.O. Box Number is Not Acceptable): 151 Crandon Blvd.
Suite, Apt. #, Etc.: Unit 735
City: Key Biscayne | State: FL | Zip Code: 33149

CR2E040 (7/96)

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: 12/26/96

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] 12/26/96 (305)361-1383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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