PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P95000056243 DOCUMENT

1. Corporation Name

S S STRATEGY CORP.

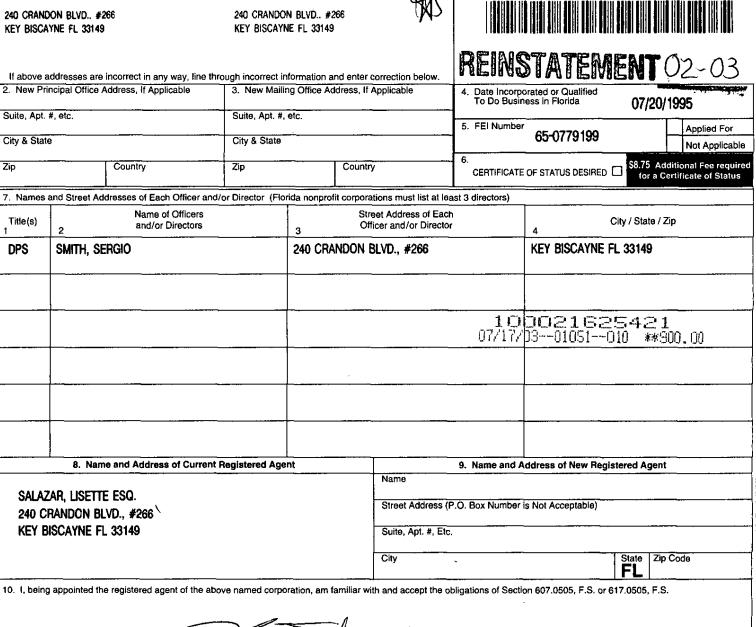
Principal Place	of Business	 Mailing	Addre





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SECRETARY OF STATE FALLAHASSEE, FLORIDA



11. I certify that I am an office 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

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

accurate, and my signature shall have the same legal effect as if made under oath.

3-27-03