

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 19 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

W04 9000 05143

DOCUMENT # P95000075515

1. Corporation Name

SSD FUND NO. 1, INC.

2. Principal Office Address

5295 FAIRCHILD WAY

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33156

Country

USA

3. Mailing Office Address

5295 FAIRCHILD WAY

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33156

Country

USA

REINSTATEMENT 02-04

4. Date Incorporated or Qualified
To Do Business in Florida

10-02-1995

5. FEI Number

650622853

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

JOSE I. JUNCADILLA

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

5295 FAIRCHILD WAY

Suite, Apt. #, Etc.

CORAL GABLES

City

CORAL GABLES

State

FL

Zip Code

33156

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-2-04

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
PST DIR	JOSE I. JUNCADILLA	5295 FAIRCHILD WAY	CORAL GABLES, FL 33156

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-04 305-520-2415

Date

Daytime Phone #

CR2081 (10/02)