

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

APPLICATION
FOR
REINSTATEMENT

DOCUMENT # P96000065407

1. Corporation Name

S.S.T. MANAGEMENT, INC

Principal Place of Business

1098 NW 2ND AVENUE
STE 3

BOCA RATON, FL 33432-2616

Mailing Address

1098 NW 2ND AVENUE
STE 3

BOCA RATON, FL 33431-2616

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

2. New Principal Office Address, If Applicable

2060 NW BOCA RATON BLVD

Suite, Apt. #, etc.

STE, 6

City & State

BOCA RATON, FL

Zip

36343

Country

3. New Mailing Office Address, If Applicable

2060 NW BOCA RATON BLVD

Suite, Apt. #, etc.

STE, 6

City & State

BOCA RATON, FL

Zip

36343

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

FILED

02 DEC 23 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400009646384

12/23/02--01099--010 **308.75

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
MGR	KATHLEEN ALARCON	19269 NATURES VIEW COURT	BOCA RATON, FL 33498

8. Name and Address of Current Registered Agent

OTHEL TURNER
5787 WEST SUNRISE BLVD
PLANTATION, FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/02

Date

561-368-8310

Daytime Phone #

CR-15040 (12/96)

OTHEL TURNER & CO.

ACCOUNTANTS

5787 WEST SUNRISE BOULEVARD • HUMANA PLAZA
PLANTATION, FLORIDA 33313
(954) 583-2205 FAX: (954) 321-0532

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December 18, 2002

Division of Corporations
Annual Report Section
P.O. Box 1500
Tallahassee, Fl. 32302-1500

RE: S.S.T. Management, Inc.

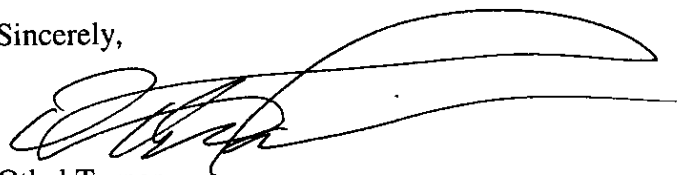
This letter is written as a request for abatement of the late fee due to reasonable cause, as requested by your office.

The taxpayer never received your original notice.

Herewith enclosed is check in the amount of \$308.75 for S.S.T. Management, Inc. for Reinstatement and Certificate of Status.

Please file accordingly and abate the late fee.

Sincerely,



Othel Turner
For Kathleen Alarcon