

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<p style="text-align: right;">90 MAY - JUN 11:01</p> <p style="text-align: right;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>	
<b>DOCUMENT #</b> P97000056538					
<b>1. Corporation Name</b> S & S TRADING, INC.					
<b>Principal Place of Business</b> <del>1 SOUTH ORANGE AVE</del> <del>ORLANDO, FL 32802</del>		<b>Mailing Address</b> <del>1 SOUTH ORANGE AVE</del> <del>ORLANDO, FL 32802</del>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Principal Office Address, If Applicable</b> 109 E. Church Street Suite, Apt. #, etc. Suite 501 City & State Orlando, FL Zip 32801		<b>3. New Mailing Office Address, If Applicable</b> 109 E. Church Street Suite, Apt. #, etc. Suite 501 City & State Orlando, FL Zip 32801		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/25/1997	
				<b>5. FEI Number</b> 59-3454508	
				Applied For <input type="checkbox"/>	
				Not Applicable <input type="checkbox"/>	
				<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
P/D	SMITH, BRANTLEY T.	1224 AUDUBON RD-- 912 DRUID ROAD	MAITLAND, FL 32751		
V/T/S/D	STEELE, ANDREW C.	780 FLORENCIA CIRCLE	TITUSVILLE, FL 32780		
<b>8. Name and Address of Current Registered Agent</b> WETTACH, JOSEPH 315 E. ROBINSON ST., SUITE 600 ORLANDO, FL 32801		<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code			
<b>10. I, being appointed the registered agent of the above corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent  Date 4/26/99 REGISTERED AGENT MUST SIGN					
<b>11. This corporation owes the current year Intangible Personal Property Tax due June 30.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>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.</b>					
<b>SIGNATURE:</b> Brantley Smith 4/27 407-648-4050 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					

CR2E081 (12/98)