

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL -8 AM 9:36

DOCUMENT # P97000059142

1. Corporation Name

SSGI Inc.

ALL CHASSIS # 01010

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

3201 Rouse Rd

6002 Costera Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

204

City & State

City & State

Orlando, Florida

Dallas, Texas

Zip

Country

Zip

Country

32817

US

75248

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

7-8-97

5. FEI Number

911930691

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William Yurkowsky

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

3201 Rouse Rd

Suite, Apt. #, Etc.

204

City

Orlando

State

FL

Zip Code

32817

500274855445
07/08/15--01026--020 **1508.75

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

William Yurkowsky
REGISTERED AGENT MUST SIGN

Date

6/26/15

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 |
|--------|-----------------------------------|--|---------------------|
| Ceo | Michael Yurkowsky | 6002 Costera Ln | Dallas. Texas 75248 |
| | | | S. HAWKES |
| | | | JUL -9 A.M. |
| | | | EXAMINER |

REINSTATEMENT

2010-2015

10. E-mail Address: Michael@yp-group.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Michael Yurkowsky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-23-15 214-478-8208
Date Daytime Phone #