


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUL 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000008552
1. Corporation Name
 Three S Holdings, Inc.

2. Principal Office Address 3100 North Ocean Blvd.		3. Mailing Office Address (same)	
Subs. Apt. #, etc. Suite 2110		Subs. Apt. #, etc.	
City & State Fort Lauderdale		City & State	
Zip 33308	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 01/27/98

5. FEI Number 65-0810373

6. CERTIFICATE OF STATUS DESIRED See Form 1001 for instructions on how to file for a Certificate of Status.

Applied For **Not Applicable**

99-01 UBR

7. Name and Address of Current Registered Agent

Name
Worldwide Corporate Services, Inc

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

Subs. Apt. #, Etc.
Suite 2626

City Fort Lauderdale

State FL **Zip Code** 33394

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.

Signature of Registered Agent *[Signature]* **Date** 6/19/01

REGISTERED AGENT MUST SIGN

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
P/S/D	Suellen Shapiro	3100 North Ocean Blvd. Suite 2110	Fort Lauderdale FL FL 33308

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 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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: *Suellen Shapiro* **SUELLEN SHAPIRO** **June 19 2001** **954-523-2626**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

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