PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

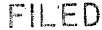
Secretary of State DIVISION OF CORPORATIONS

P99000076282 DOCUMENT

1. Corporation Name

SSB ENTERPRISES OF MIAMI, INC.

	•	
Principal Place of Business	Mailing Address	<u> </u>
4862 SW 72 AVE	4862 SW 72 AVE	G
MIAMI FL 33155	MIAMI FL 33155	'



02 DEC 17 PM 12: 35

TALLAHAUSEE FLORIDA



11. I certify that I am an officer of 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 filling 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.