

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 19 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 693886

**1. Corporation Name**

SMS Management, Company, Inc.  
7901 4th Street North, #104  
St. Petersburg, FL 33702

**2. Principal Office Address**

2644 1st Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713-8704

Country

U.S.

**3. Mailing Office Address**

2644 1st Avenue North

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713-8704

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/9/81

**5. FEI Number**

59-2104303

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

900029034679  
02/19/04--01005--006 \*\*900.00

03/04

**7. Name and Address of Current Registered Agent**

Name

Marie C. Stefanos

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

2644 1st Avenue North

Suite, Apt. #, Etc.

City

St. Petersburg

State  
**FL**

Zip Code

33713-8704

**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

*Marie C. Stefanos*

*Pres.*

Date

*2/7/04*

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
V/S/D	Steven Stefanos	2644 1st Avenue North	St. Petersburg, FL 33713-8704
P/T/D	Marie C. Stefanos	2644 1st Avenue North	St. Petersburg, FL 33713-8704

**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 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:**

*Marie C. Stefanos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*MARIE C STEFANOS*

Date

*2/7/04*

Daytime Phone #

*727-322-1400*  
*727-573-3637*

CR2E081 (10/02)