

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 12 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 764714

1. Corporation Name

SMPS Florida Chapter, Inc.

W06-55419

2. Principal Office Address

320 E. South St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1459

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

Zip

32801

Country

USA

Zip

32801

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

CR2E081 (12/05)

11/27/01

5. FEI Number

59-2648921

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brooke Peterson

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

320 E South St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

Brooke Peterson
REGISTERED AGENT MUST SIGN

Date 12-19-06

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
Pres	Mike Recchio	320 E South St.	Orlando, FL 32801
VP	Bill Randolph	P.O. Box 941994	Maitland, FL 32798
TR	Brooke Peterson	320 E South St.	Orlando, FL 32801
I			

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 contained in Chapter 119, 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:

Brooke Peterson

Brooke Peterson

Date

12-19-06

Daytime Phone #

407.513.8270