

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 SECRETARY OF STATE
 CORPORATION
 04 JUN 29 AM 11:56

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F99000002042

1. Corporation Name
 Sms Systems maintenance Services, Inc.

REINSTATEMENT 03-04

2. Principal Office Address
 455 River Road
 Suite, Apt. #, etc.

3. Mailing Office Address
 Same

City & State
 Hudson MA

Zip Country
 01749

4. Date Incorporated or Qualified To Do Business in Florida
 4/20/1999

5. FEI Number
 042779058

6. CERTIFICATE OF STATUS DESIRED \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 ROBERT JONES

Street Address (P.O. Box Number is Not Acceptable)
 5925 IMPERIAL HWY, STE 126

Suite, Apt. #, Etc.

City
 MULBERRY

State
 FL

Zip Code
 33860

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
 [Signature]

Date
 6-16-04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P Pres	THOMAS A. WELCH	110 KETTLE HOLE RD, ...	BOLTON, MA 01740
S Secy	CHALLENGE WELCH	110 KETTLE HOLE RD.	BOLTON, MA 01740
T Treas	THOMAS A. WELCH	(SAME)	
S Secy	Robert Jones	(Same)	

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: [Signature] Robert Jones

Date
 6-16-04

Daytime Phone #
 978-862-2442

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SMS SYSTEMS MAINTENANCE SERVICES, INC.

Certificate of Status	1
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