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04 OCT -4 AM 10:30

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J16495

1. Corporation Name
Southern Military Associates, Inc.

21 N. Military Trail
21 N. Military Trail

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
21 N. Military Trail		21 N. Military Trail	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite J		Suite J	
City & State		City & State	
West Palm Beach, Florida		West Palm Beach, Florida	
Zip	Country	Zip	Country
33415	USA	33415	USA

4. Date Incorporated or Qualified To Do Business in Florida 05/28/1986

5. FEI Number 59-2684036 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301-2607

8. I, being appointed the registered agent of the above named corporation, Brian Courtney, accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Asst. V. Pres. Date: 10/4/04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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	Joel Goldstein	21 N. Military Trail, Suite J	West Palm Beach, FL 33415
VS	H. Hoffman	21 N. Military Trail, Suite J	West Palm Beach, FL 33415

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 exception 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: JOEL GOLDSTEIN 09/20/04

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

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Florida Department of State

04 OCT -4 AM 8:30

Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY /SAR
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

SOUTHERN MILITARY ASSOCIATES, INC.

Certificate of Status	0
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Page Count	02
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southern military limited partnership