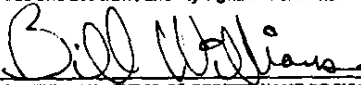


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 AUG 25 AM 11:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA 8/19/05 01027 005 1502. REINSTATEMENT 00-05 2005 AUG 25 9:24	
DOCUMENT # K29446				
1. Corporation Name SMJ INVESTMENTS, INC.				
2. Principal Office Address 3837 Northdale Blvd Suite, Apt. #, etc. 1070 City & State Tampa FL Zip 33624 Country USA		3. Mailing Office Address 3837 Northdale Blvd Suite, Apt. #, etc. 1070 City & State Tampa FL Zip 33624 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 07/19/1988		
		5. FEI Number 592897926		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 Mike Thompson				
Street Address (P.O. Box Number is Not Acceptable) 3837 Northdale Blvd				
Suite, Apt. #, Etc. 1070				
City Tampa		State FL	Zip Code 33624	
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 		Date Aug 1, 2005		
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	
PSD	Bill Williams	3837 Northdale Blvd	Tampa FL 33624	
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: 		Date Aug 4/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 813-744-6035		

CR2E041 (01/05)