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 1,500.

REINSTATEMENT 08-05

52 Roberts AUG 25 2005

DOCUMENT # K29446

1. *Corporation Name*
SMJ INVESTMENTS, INC.

2. Principal Office Address	**3.** Mailing Office Address
3837 NORTHDALE BLVD	3837 NORTHDALE BLVD
Suite, Apt. #, etc.: 1070	Suite, Apt. #, etc.: 1070
City & State: TAMPA FL	City & State: TAMPA FL
Zip: 33624 Country: USA	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: Mike Thompson
REGISTERED AGENT MUST SIGN
Date: Aug 1, 2005

CR2E091 (01/05)

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: Bill Williams — Aug 4/05 — 813-244-6035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #