PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 29 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004640

1. Limited Liability Company's Name

STRATEGIC MANAGEMENT, LLC

REINSTATEMENT 2001

2. Principal Office Address		**3.** Mailing Office Address	
2055 WOOD STREET		2055 WOOD STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 102		SUITE 102	
City & State		City & State	
SARASOTA, FLORIDA		SARASOTA, FLORIDA	
Zip	Country	Zip	Country
34237	US	34237	US

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified To Do Business in Florida
APRIL 21, 2000

6. FEI Number
65-1010214
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
E. NICHOLAS DAVIS, III

100004676901--3
-11/13/01--01071--02
****155.00 ****155.00

Street Address (P.O. Box Number is Not Acceptable)
2710 REW CIRCLE, SUITE 100

Suite, Apt. #, Etc.
SUITE 100

City
OCOEE

State
FL

Zip Code
34761

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 10/25/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	DON EDWARDS	2055 WOOD ST., STE. 102	SARASOTA, FL 34237
MGMR	WAYNE SEWALL	2055 WOOD ST., STE. 102	SARASOTA, FL 34237

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date 10/25/01 Daytime Phone # 941 308 0090

Don Edwards