


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000000447</b> 1. Entity Name <b>THE SCHOOL MAINTENANCE EMPLOYEES AND ASSOCIATES, INC.</b>		
Principal Place of Business <b>580 S ELLIS ROAD 113 JACKSONVILLE, FL 32205</b>		

Mailing Address <b>580 S ELLIS ROAD 113 JACKSONVILLE, FL 32205</b>	
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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<b>DELEGAL, III, T.A. 424 EAST MONROE STREET JACKSONVILLE, FL 32202</b>	
Name Street Address (P.O. Box Number is Not Acceptable) City	
State <b>FL</b> Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 1/9/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$297.50</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPRADLEY, DAVID 6944 BAKERS FILED DR. JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500140361855</b> <b>01/12/09--01051--019</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOP HORSEPIAN, TERRY 4602 TUNIS STREET JACKSONVILLE, FL 32205</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VILLARRUEL, FERNANDO 8776 PINEVALLEY LANE JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD CRIDER, STEVEN 1877 MUNCIE AVE JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BOD RICKETTS, VICENT 8110 TIMBER POINT DR. JACKSONVILLE, FL 32244</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T THOMPSON, JEFFREY E 7352 SOUTHERN STATES NURSERY ROAD MACCLENNY, FL 32063</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>001/20</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **Jeff Thompson** 1-7-09 (904)334-7939  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

FILED  
09 JAN 12 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09