PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 03 FEB 24 PM 2: 51 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P00000094238

1. Corporation Name

Strategic Marketing Systems

2. Principal Office Address
420 Live Oak Blvd
Suite, Apt. #, etc.
Bldg 4
City & State
Casselberry FL
Zip 32707 Country Seminole

3. Mailing Office Address
PO Box 181291
Suite, Apt. #, etc.
City & State
Casselberry FL
Zip 32707 Country Seminole

50000998 1905
01/09/03--01027--005 **450.00
2001-2003 UBR

4. Date Incorporated or Qualified To Do Business in Florida 10-4-00

5. FEI Number 59-3473537 Applied For X 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 David D. Allen

Street Address (P.O. Box Number is Not Acceptable)
420 Live Oak Blvd
Suite, Apt. #, Etc.

City Casselberry | State FL | Zip Code 32707

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 _____ Pres.d.A _____ Date 1-7-03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
President	David D. Allen	420 Live Oak Blvd. Bldg 4	Casselberry, Fl 32707

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: _____ Pres.d.A _____ 1-7-03 407-831-6610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #