

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000022725

1. Corporation Name

SMN Enterprises, Inc.

2. Principal Office Address

2901 Clint Moore Rd.

Suite, Apt. #, etc.

212

City & State

Boca Raton FL

Zip

33496

Country

USA

3. Mailing Office Address

2901 Clint Moore Rd

Suite, Apt. #, etc.

212

City & State

Boca Raton FL

Zip

FL33496

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/28/02

5. FEI Number

03-0408116

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

Steven M. Nugent

Street Address (P.O. Box Number is Not Acceptable)

6503 N. Military Trail

Suite, Apt. #, Etc.

Apt. 311

City

Boca Raton

State

FL

Zip Code

33496

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

REGISTERED AGENT MUST SIGN

Date 1/30/04

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	Steven Nugent	6503 N. Military Trail #311	Boca Raton FL 33496

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/04 (561) 756 4434
Date Daytime Phone #

CR2E031 (10/02)

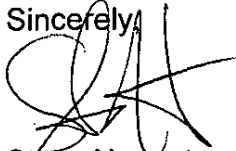
January 30, 2004

TWIMC,

I am writing this letter to request your consideration for abatement of the \$600.00 re-instatement fee for SMN Enterprises (P02000022725). I started the corporation in February of 2002 to work for the Soccer Association of Boca Raton. I was unaware of, and did not receive, the Uniform Business Annual Report required by your organization to keep this corporation current:

Please consider my request and I commit to do the necessary paperwork on time each year. Thanks for your consideration.

Sincerely,



Steve Nugent

561-756-4434 Anytime