

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATION

P02000116481

FILED
2016 DEC 22 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FL 09117

DOCUMENT # P02000116481

1. Corporation Name

Smiley Homes Corporation

2. Principal Office Address - No P.O. Box #

950 Park Street North

Suite, Apt. #, etc.

3. Mailing Office Address

950 Park Street North

Suite, Apt. #, etc.

City & State

St. Petersburg FL

City & State

St. Petersburg FL

Zip

33710

Country

USA

Zip

33710

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2002

5. FEI Number

55-0804198

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

Ariel Bergerman

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

950 Park Street North

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

600280314866
12/22/15--01008--016 **1500.00

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 **12/17/2015**

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
P	Ariel Bergerman	950 Park Street North	St. Petersburg FL 33710

10. E-mail Address: **teamcaliente@yahoo.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/2015

727-742-1818

Date

Daytime Phone #