## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF COPEDRATIONS  08 JUL 22 AM 8: 56
DOCUMENT # P63666098024  1. Corporation Name  Smart Money Management Group		
2. Principal Office Address - No P.O. Box #  1515 S. Federal Huy  Suite, Apt. #, etc.	3. Mailing Office Address  1515 S. Technal Huy  Suite, Apt. #, etc.	900133396369 07/24/0801031017 **600.00 CR2E081 (1/07)
Svite 105	Svik 165	4. Date Incorporated or Qualified To Do Business in Florida 9   207
City & State Boca Rator	City & State Buca Rabu	5. FEI Number Applied For
Zip Country 33432 USA	Zip Country 33432 USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
···	f Current Registered Agent	
William (. Barmer #		The reinstatement fee is imposed, except in
Street Address (P.O. Box Number is Not Acceptable)		circumstances which the entity did not receive the prior notices. By checking this box, you
Suite, Apt. #, Etc.		are certifying the prior notices were not received and requesting the reinstatement
City Delray Bch	State Zip Code FL 33 444	fee be waived.
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 Date 7/8/08  REGISTERED AGENT MUST SIGN		
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	
Pres. William L. Bauma	w II 731 Corpen Rd.	Relian Cel., Fl. 33444
		B M02/20
REINSTATTUENT (25-08)		
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	<u>.</u>	900133396369 07/24/080031018 ***600.00
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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 filling 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 contained in Chapter 119, 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 PRI	William ( Barane FE_	7 8 ds 561 - 279 4502  Date Daytime Phone #