

2008 FOR PROFIT CORPORATION*Reinstatement***DOCUMENT # P04000019899**1. Entity Name
SOUTHERN GROUNDS MANAGEMENT SERVICES, INC.Principal Place of Business
26805 NW 182 AVE
HIGH SPRINGS, FL 32643Mailing Address
26805 NW 182 AVE
HIGH SPRINGS, FL 32643

2008 NOV 20 PM 3:37

FILED
STATE OF FLORIDA**REINSTATEMENT** 08
08262008 No Chg-P CR2E034 (11/05)**DO NOT WRITE IN THIS SPACE**4. FEI Number
20-0802991Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**VALENTINE, JANA
920 NW 6TH AVENUE
HIGH SPRINGS, FL 32643**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	FREEMAN, MARTIN W
STREET ADDRESS	26805 NW 182 AVE
CITY - ST - ZIP	HIGH SPRINGS, FL 32643
TITLE	ST
NAME	FREEMAN, JL JR
STREET ADDRESS	26805 NW 182 AVE
CITY - ST - ZIP	HIGH SPRINGS, FL 32643
TITLE	05/05/08 90257-028
NAME	
STREET ADDRESS	
CITY - ST - ZIP	\$150.00
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-284-4939

Division of Corporations
Attention: Leah
2661 Executive Center Circle
Tallahassee, FL 32301

October 18, 2008

RE: Southern Grounds Management Services, Inc.
Document #: P07000023909

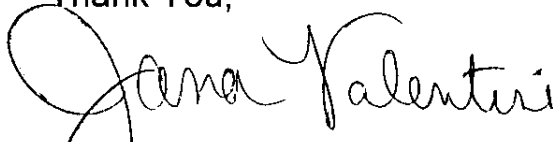
Dear Leah,

Last week I received a notice of dissolution for S.G.M.S., Inc. I had talked to you on the phone and mailed in a second report, because there was no record on file. You called me to let me know that my copy was not acceptable, because the signature was covered. I mailed a third one in, but apparently it was not received. The fee was paid at the same time and I have the cancelled check.

Enclosed is a 2008 Annual Report. This is the third report I have mailed to the division of corporations. I did not have Martin date this one as I was not sure what date was appropriate. I hope this satisfies all requirements.

If you have any questions, please call Jana Valentine at 386-454-4605 or me cell 352-284-7552 and I would be glad to answer any questions.

Thank You,



Jana Valentine
Office Manager, S.G.M.S., Inc