

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
08/28/12

12 AUG 28 PM 3:25

**DOCUMENT #** P08000002111

1. Corporation Name

SMMI 2 INCORPORATED

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

3535 S OCEAN DRIVE

Suite, Apt. #, etc.

APT 401

City & State

HOLLYWOOD, FL

Zip

33019

Country

USA

3. Mailing Office Address

P. O. BOX 1148

Suite, Apt. #, etc.

City & State

SCHERERVILLE, IN

Zip

46375

Country

USA

400239002654  
08/28/12--01015--004 \*\*1200.00

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

01/07/2008

5. FEI Number

30-0459054

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

MELODY J MUNSEY

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

3535 S OCEAN DRIVE

Suite, Apt. #, Etc.

APT 401

City

HOLLYWOOD

State

FL

Zip Code

33019

REINSTATEMENT

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

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
PRES	STEPHAN K. MUNSEY	1421 WILDERNESS DRIVE	SCHERERVILLE, IN 46375
VP	MELODY J. MUNSEY	1421 WILDERNESS DRIVE	SCHERERVILLE, IN 46378

10. E-mail Address: CHITWOODS@CHITWOODS.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 hereby 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

Date

Daytime Phone #

AUG 28 2012

D. BUTLER