

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 DEC 29 AM 8-56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *p1300004/524*

1. Corporation Name

SMO MANAGEMENT INC

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

601 Heritage Drive
Suite, Apt. #, etc.

Ste 482

City & State

Jupiter, Fla.

Zip

33458

7. Name and Address of Current Registered Agent

Name _____

Todd Olive

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

12198 Randolph Siding Road
Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

CITY

Jupiter

State

FL

Zip Code

33478

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 12/26/15

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	City / State / Zip
VP	Todd Olive	601 Heritage Dr. Ste 482	Jupiter, Fl. 33458
P	Sheila Mead	601 Heritage Dr. Ste 482	Jupiter, FL 33458
	<div data-bbox="337 1680 854 1745"> REINSTATEMENT </div>		DEC 29 2015
			R. HUNT

10. E-mail Address: ToLive@Newdawn11c.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 807 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 807.0401 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

— **Pl. 1C**

David M. Probert