

FILED

04 JUN 28 AM 9:26

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000061079

1. Corporation Name

SMC Florida Holdings, Inc.

REINSTATEMENT 03-04

500038281055

06/25/04--01039--002 **900.00

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2. Principal Office Address

701 Poydras Street

3. Mailing Office Address

701 Poydras Street

Suite, Apt. #, etc.

Suite 300 Plaza

Suite, Apt. #, etc.

Suite 300 Plaza

City & State

New Orleans, LA

City & State

New Orleans, LA

Zip

70139-0300

Country

USA

Zip

70139-0300

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 7/9/1998

5. FEI Number

59-3522955

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

Sean McMullen

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

1989 Pleasant Drive

Suite, Apt. #, Etc.

City

North Palm Beach

State
FL

Zip Code

33408-2627

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*Sean McMullen*

Date 06/23/04

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
P/D	Timothy P. Bright	701 Poydras St, #300 Plaza	New Orleans, LA 70139-0300
VP/D	Edgar Bright III	701 Poydras St, #300 Plaza	New Orleans, LA 70139-0300
S	Catherine Luccioni	701 Poydras St, #300 Plaza	New Orleans, LA 70139-0300

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 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., 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 under section 119.07(3)(f), 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:

Catherine Luccioni - Secretary

6/24/04

504-569-3702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREC001 (01/04)