

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 OCT 17 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99 0000 36142

**1. Corporation Name**

Success Management Corporation

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

5334 Central Florida Pkwy

Suite, Apt. #, etc.

Suite #202

City & State

Orlando, FL

Zip

32821

Country

USA

**3. Mailing Office Address**

5334 Central Florida Pkwy

Suite, Apt. #, etc.

Suite #202

City & State

Orlando, FL

Zip

32821

Country

USA

**REINSTATEMENT 03-07**  
CRZE081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/19/1999

**5. FEI Number**

593573569

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

Eric Santos

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

5334 Central Florida Parkway

Suite, Apt. #, Etc.

Suite #202

City

Orlando

State

FL

Zip Code

32821

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement 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

Eric Santos

Date

10/12/07

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
PT SD	Shawn M. Casey	2596 Wymnton Drive	Duluth, GA 30097
	MWO/18		

000110899920  
10/17/07--01038--019 \*\*750.00

**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 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:

Shawn M. Casey

Shawn M. Casey

10/12/07

6789570578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #