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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 15 AM 8:32

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **999000098300**

1. Corporation Name **Success Management Services Inc.**

2. Principal Office Address
1625 West Marion Ave
Suite, Apt. #, etc.
#14

3. Mailing Office Address
Same
Suite, Apt. #, etc.

City & State
Punta Gorda FL
Zip
33950 Country
Charlotte

City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **August 01**
5. FEI Number **65-0958835** 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 **Tom Behager** **500032510505**
Street Address (P.O. Box Number is Not Acceptable) **1625 West Marion Ave #14**
Suite, Apt. #, Etc. **Punta Gorda**
City **Punta Gorda** State **FL** Zip Code **33950**

04/13/04--01018--016 ***490.00

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 **[Signature]** Date **3-10-04**
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
D	Thomas G. Behager	410 Salvador dr. P.G. FL 33983	

REINSTATEMENT 2002-2004

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)(i), 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: **[Signature]** **3-10-04** **941-505-5565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED81 (01/04)

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Success Management Services

1625 West Marion Ave #14
Punta Gorda FL 33950

941-575-7401 / Fax: 941-575-6310

Department of State
Division of Corporations
Attention: Brenda Tadlock
P.O. Box 6327
Tallahassee, FL 32314

Dear Brenda Tadlock,

Please find enclosed a check for 450.00 to cover the annual fees for 2002, 2003 and 2004 for Success Management Services Inc. Please wave the reinstatement fee for this corporation. Likely due to an address change I did not receive my annual report filing papers.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas Bohager'. The signature is fluid and cursive.

Thomas Bohager
Success Management Services Inc