
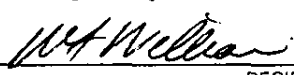
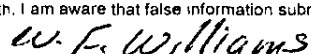


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

 <div style="display: inline-block; text-align: left;"><b>CORPORATION REINSTATEMENT</b></div> <div style="display: inline-block; text-align: center; margin-left: 20px;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div>		<b>FILED</b>  11 AUG 28 PM 12:56  SECRETARY OF STATE TALLAHASSEE, FLORIDA  <b>600213772176</b> 10/28/11--01031--020 **935.00  <b>REINSTATEMENT</b> 10-11 CR2B081 (11/10)	
<b>DOCUMENT # P99000111569</b>			
1. Corporation Name <b>S.D.M. Properties, Inc</b>			
2. Principal Office Address - No P.O. Box # <b>11405 Tullamore PI</b>		3. Mailing Office Address <b>same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Temple Terrace, FL</b>		City & State	
Zip <b>33617</b>	Country <b>USA</b>	Zip	Country
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida <b>12/22/1999</b>	
Name <b>Walter F. Williams</b>		5. FEI Number <b>59-3615801</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>5903 Soaring Ave</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
City <b>Temple Terrace</b>		State <b>FL</b>	
		Zip Code <b>33617</b>	
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 <b>10/27/2011</b>	
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
<b>P</b>	<b>Wallace F Williams</b>	<b>11405 Tullamore PI</b>	<b>Temple Terrace, FL 33617</b>
<b>VP</b>	<b>Marlene Williams</b>	<b>11405 Tullamore PI</b>	<b>Temple Terrace, FL 33617</b>
<b>Sec</b>	<b>Walter F. Williams</b>	<b>5903 Soaring Ave</b>	<b>Temple Terrace, FL 33617</b>
10. E-mail Address: <b>waltwms@msn.com</b>			
(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 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., 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. <b>8/3</b>			
SIGNATURE: 		<b>2011/10/27 984-0107</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #