

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
03 DEC 31 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005937

1. Corporation Name

S M ENTERPRISES GROUP INC.

2. Principal Office Address

16300 NE 19th AVE #102

3. Mailing Office Address

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH, FL

City & State

Zip

33162

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

17/01/02

5. FEI Number

04-3587081

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

MARCOS VIEIRA

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

2621 NE 165 ST

200025888912  
12/31/03--01056--013 \*\*151.00

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State

FL

Zip Code

33160

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

REGISTERED AGENT MUST SIGN

Date

**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      | MARCOS VIEIRA                     | 2621 NE 165 ST                                 | N. MIAMI BEACH/ FL/ 33160 |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |
|        |                                   |  |                           |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-03

Date

305-945-1118

Daytime Phone #

CR25031(10/02)

*M*

**S M ENTERPRISES GROUP INC.  
16300 NE 19<sup>TH</sup> AVE # 102  
N. Miami Beach, Fl, 33162  
(305) 945-1118**

December 29th, 2003

Dear Sir or Madam,

I just wanted apologize for not filing an Annual Report in September/2003, I did not file because I did not have knowledge that I have to file and also because I did not received a report form for 2003.

I really thought that I have only to report when there was a change in something, but this year we have not change in anything.

This is really my very first year with on my own and I can not afford this reinstatement fee.

This will not happen again. I really do hope that you understand and waive it for me. If you do need any more information, please call me on the number mentioned above.

Thank you very much.

Sincerely,

Marcos Vieira.

Ps: Happy New Year!