

2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED
Apr 22, 2008
Secretary of State**

DOCUMENT# P03000008096

Entity Name: S.M. INSPECTIONS INC

Current Principal Place of Business:

6848 HENDRY DRIVE
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

85 SE 4TH AVE
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 32-0054777 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILSMAN, CHRISTINA
85 SE 4TH AVE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHRISTINA HILSMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAUFER, SANFORD R
Address: 6848 HENDRY DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: VP () Delete
Name: LAUFER, SUSAN E
Address: 6848 HENDRY DRIVE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANFORD LAUFER

P

04/22/2008

Electronic Signature of Signing Officer or Director

Date