1 of 2

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 DEC -1 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000009416

1. Entity Name
SLMS & COMPANY, INC.

Principal Place of Business
9155 SOUTH DADELAND BOULEVARD, SUITE 1014
MIAMI, FL 33156

Mailing Address
9155 SOUTH DADELAND BOULEVARD, SUITE 1014
MIAMI, FL 33156

2. Principal Place of Business		3. Mailing Address	
		SLMS + Company INC.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. C/O: S. Alexandra Baumrind	
City & State		City & State BROOKLYN, NY	
Zip	Country	Zip 11201	Country USA NY

03122006 REIN 2 CR2E098 (11/05)

REINSTATEMENT

4. FEI Number TAX ID - 59-3797690 — Applied For — Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRESHMAN, LAWRENCE N
9155 SOUTH DADELAND BOULEVARD
SUITE 1014 DADELAND CENTRE
MIAMI, FL 33156

This is still Registered Agent

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE S. Alexandra Baumrind — 11/10/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2007, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS BAUMRIND, SANDRA ALEXANDRA (middle) 182 AMITY STREET BROOKLYN, NY 11201 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300081958903 11/20/06--01065--029 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: S. Baumrind — 11/10/06 — 718-625-0369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell DEC - 1 2006

P.O. 5000 94/6

ID # 59-3797690 → SLMS & COMPANY, INC.

S. ALEXANDRA BAUMRIND
182 AMITY STREET
BROOKLYN, N.Y. 11201
(718) 625-0369

11/10/06

To Whom it may concern,

I spoke to Gary at extension #4 phone number 850-245-6059 who is currently aware of ~~my situation. He said to explain it to you and~~ that my reinstatement fee would be waived. He said to send you $150.00. You see I never received any notices at all for an annual report for 2006. I received nothing in the mail until a final request came from my previous attorney's office.

I previously noted my change of address, but for some reason I guess your office hadn't changed it. So please note it now. So I don't have any more difficulty receiving mailings from your office.

Thank You,

S. Alexandra Baumrind