

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 JAN 29 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P00599

1. Corporation Name

SMR of America, Inc.

2. Principal Office Address

1401 NW 89th Court

Miami, Fl

Suite, Apt. #, etc.

City & State

Miami, Fl

Zip

33172

Country

USA

3. Mailing Office Address

P.O. Box 2257

Meriden, Ct. 06450

Suite, Apt. #, etc.

City & State

Meriden, Ct.

Zip

06450

Country

USA

**REINSTATEMENT 0001**

4. Date Incorporated or Qualified  
To Do Business in Florida

February 6, 1980

5. FEI Number

06-1015635

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

C. T. CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

*Stephen Adamo*

**STEPHEN ADAMO**  
**ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date 1/26/2001

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
Pres.	R. William Vine	2200 South Ocean Lane	Ft. Lauderdale, Fl 33316
VP/Secy	Alan Vine	70 Britannia Street	Meriden, Ct. 06450
Treas	Roberta Vine	29 Fern Street	West Haven, Ct. 06516

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:

Alan Vine/VP/Secy

*Alan Vine Secy*

1-22-01

(203) 235-5721

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)