

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006336

1. Corporation Name

SMCI OF CA, INC.

Principal Place of Business

Mailing Address

500 NORTH BRAND BLVD. #1090
GLENDALE CA 91203

500 NORTH BRAND BLVD. #1090
GLENDALE CA 91203

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida

12/20/2002

5. FEI Number

95-3861305

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPS	KARPF, SPENCER L	500 NORTH BRAND BLVD. #1090	GLENDALE CA 91203

000023915060
10/17/03--01089--022 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE OF SPENCER L. KARP

Date

REGISTERED AGENT MUST SIGN

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., 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.

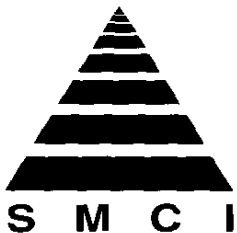
SIGNATURE:

SIGNATURE OF SPENCER L. KARP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/03
Date

(818)
240-3177
Daytime Phone #

CR2E040 (7/03)



500 NORTH BRAND BLVD., SUITE 1090 • GLENDALE, CA 91203 • 818/240-3177 • FAX 818/240-7189

October 13, 2003

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Reference Number: F02000006336

This letter is a confirmation that we did not receive the two prior uniform business report (UBR) notices.

Enclosed please find a completed application for reinstatement and the fee of \$150.00 to file the report without penalty, as stated under "Important Facts" on the Notice of Administrative Dissolution or Revocation.

Feel free to call me if you have any questions. I can be reached at (818) 240-3177.

Sincerely,

Spencer Karpf
President and CEO



Larry M. Baum
Lic. Real Estate Broker

Tel: (305) 262-6533
Fax: (305) 262-1703
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