

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
12/1/04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DEC -9 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F 97000004350**

1. Corporation Name

J. M. SMITH INTERNATIONAL, INC

2. Principal Office Address

8187 STEEPLECHASE DR.

Suite, Apt. #, etc.

3. Mailing Office Address

8187 STEEPLECHASE DR.

Suite, Apt. #, etc.

City & State

PALM BEACH GARDENS

City & State

PALM BEACH GARDENS

Zip

33418

Country

USA

Zip

33418

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/19/97

5. FEI Number

31-1225274

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-04

7. Name and Address of Current Registered Agent

Name

HEMANG SHAM

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

8187 STEEPLECHASE DRIVE

Suite, Apt. #, Etc.

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

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

Hemang Sham

REGISTERED AGENT MUST SIGN

Date **11/30/04**

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
PR.	HEMANG J. SHAM	8187 STEEPLECHASE DR. PALM BEACH GARDENS	-FL- 33418

600043300686
12/03/04 01029 012 ***000.00

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:

Hemang Sham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/04

Daytime Phone #

581-385-7515

CR2E081 (01/04)

P 2 92

J.M. Smith International, Inc.

**8187 Steeplechase Drive
Palm Beach Gardens
Florida 33418
PH: 561 624 7977
FX: 561 624 5278
Email: h_shah@bellsouth.net**

November 30, 2004

Florida Department of State
Division of Corporations
Corporation Reinstatement Division
P O Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement; Document F97000004350

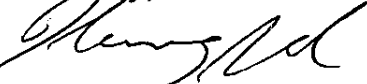
Dear Sir:

Attached is the completed form for Corporation reinstatement.

Due to change of address, I had not received the 1999 notice and hence it did not get paid.

We request your assistance to reinstate my corporation to make it current to 2004.

Sincerely,



Hemang Shah