

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 22 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005103

1. Corporation Name **Smc Multimedia Corp.**

2. Principal Office Address

2700 N. Military Trail
Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2700 N. Military Trail
Suite, Apt. #, etc.

Suite 100

City & State

Boca Raton, FL

Zip

33431

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/10/98

5. FEI Number

13-4022691

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

Fmc Group, Inc.

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

2700 N. Military Trail

Suite, Apt. #, Etc.

Suite 100

City

Boca Raton

State

FL

Zip Code

33431

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

Date **12/20/00**

REGISTERED AGENT MUST SIGN

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
PSD	James Perretty	2700 N. Military Trail, Suite 100	Boca Raton, FL 33431
VP	John Terry	2700 N. Military Trail, Suite 100	Boca Raton, FL 33431
D	Paul Michelin	2700 N. Military Trail, Suite 100	Boca Raton, FL 33431

LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jim Perretty

Date **12/20/00**

Daytime Phone # **(561) 241-3621**