

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

96 NOV 14 AM 8:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **H49271**

1. Corporation Name

**SMALL "E" CORPORATION**

Principal Place of Business

Mailing Address

6374 SW 42ND TERRACE  
 MIAMI FL 33155

~~6374 SW 42ND TERRACE~~  
~~MIAMI FL 33155~~  
**1320 S. DIXIE HWY.**  
**STE. 740**  
**MIAMI FL 33146**

If above addresses are incorrect in any way, line through in correct location and enter correct.



**REINSTATEMENT**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Date Incorporated or Qualified To Do Business in Florida

03/28/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2511753

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	SMALLEY, GRACIA C.	6374 SW 42ND TERR	MIAMI FL 33155

000002009380--3  
 -11/20/96--01027--004  
 \*\*\*375.00 \*\*\*375.00

*B1-18-96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARRING, DAN  
~~4000-00-DIXIE HWY~~ 1320 S. DIXIE HWY  
~~SUITE #1206~~ STE 740  
 MIAMI FL 33146-2938

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.

Signature of Registered Agent

*[Signature]*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date 11-4-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information on intangible tax.)

12. 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]* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-4-96* 305-284-9967  
 Date Daytime Phone #