

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1997 JUN 20 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Head Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # K60426**

SMR/USA, Inc.
3407 S. Ocean Boulevard
Boca Raton, FL 33432

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State

Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
1/24/89

5. FEI Number
65-0100776

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required
for a Certificate of Status

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
PD	Theodore S. Oleck	3407 S. Ocean Blvd.,	Boca Raton, FL 33432
VD	Lawrence Oleck	3407 S. Ocean Blvd.,	Boca Raton, FL 33432

REINSTATEMENT

000002220860--7
-06/24/97--01010--012
***1410.00 ***1410.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent's office

Name

Louis L. Hamby III, Esq.

Street Address (Do NOT Use P.O. Box Number)

Alley, Maass, Rogers & Lindsay, P.A.

Street Address (Do NOT Use P.O. Box Number)

321 Royal Poinciana Plaza

City

Palm Beach

State

FL.

Zip

33480

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

Louis L. Hamby III
REGISTERED AGENT MUST SIGN

Date **6/12/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Theodore S. Oleck

Date **6/12/97**

Daytime Phone # **561-272-7841**

Theodore S. Oleck