APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
97 SEP 29 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M42489

1. Corporation Name
SMITH COMMERCIAL GROUP INC.

Principal Place of Business
6065 S.W. 109 St.
MIA. FL 33156

Mailing Address

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

REINSTATEMENT 95-97

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-1172941 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required. Form Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	STANLEY SMITH	69 FIFTH AV	NY NY 10003
VP	ANNE SMITH	69 FIFTH AV	NY NY 10003
VP	ALAN SMITH	6065 SW 109 St	MIA. FL 33156

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***1080.00 ***1080.00

8. Name and Address of Current Registered Agent
WM L. ROGERS #2750
100 SE 2nd St
MIA. FLORIDA 33131

9. Name and Address of New Registered Agent
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] REGISTERED AGENT MUST SIGN Date 9-27-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: [signature] VP 9-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #