

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -3 AM 8:05

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000015697

1. Corporation Name

SMOKE + MIRRORS, INCORPORATED

2. Principal Office Address

22151 CARSON DR

Suite, Apt. #, etc.

3. Mailing Office Address

22151 CARSON DR

Suite, Apt. #, etc.

City & State

LAND O' LAKES FL

City & State

LAND O' LAKES FL

Zip

34639

Country

USA

Zip

34639

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/8/2000

5. FEI Number

59-3620532

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required  
for a Certificate of Status

04-01-02 - 01039 - 012

\$335.06

7. Name and Address of Current Registered Agent

Name

THOMAS R. CAMPBELL

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

22151 CARSON DR

Suite, Apt. #, Etc.

City

LAND O' LAKES

State  
FL

Zip Code

34639

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

*[Signature]*

Date

3/11/02

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| P      | THOMAS R. CAMPBELL                   | 22151 CARSON DR                                   | LAND O' LAKES FL 34639 |
| U.S.   | JOEL R. WEINSTEIN                    | 623 DUNAL ST                                      | KEY WEST FL 33040      |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOEL R. WEINSTEIN

Date

3/12/02

Daytime Phone #

(813)  
909-1305

CR2E081 (9/01)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of FLORIDA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : SMOKE + MIRRORS, INCORPORATED

2. The mailing address of the corporation : 22151 CARSON DRIVE  
LAND O' LAKES FL 34639

3. Date of incorporation/qualification: 2/8/2000 Document number: P00000015697

4. The name and address of the current registered agent and office:

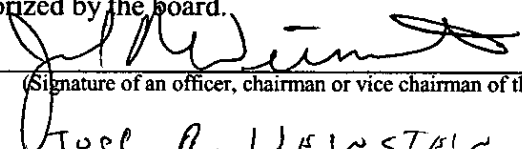
THOMAS R. CAMPBELL  
230 POWER CT, UNIT 146  
SANFORD FL 32771

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):  
(P. O. Box Not Acceptable)

THOMAS R. CAMPBELL  
22151 CARSON DR  
LAND O' LAKES FL 34639

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

  
(Signature of an officer, chairman or vice chairman of the board)

3/12/02  
(Date)

JOEL R. WEINSTEIN, VICE PRES  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

  
(Signature of Registered Agent)

03/11/02  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

\* \* \* FILING FEE: \$35.00 \* \* \*

**SMOKE & MIRRORS, INCORPORATED**

22151 CARSON DRIVE  
LAND O' LAKES, FLORIDA 34639  
(813) 909-1305  
FAX: (813) 948-7985

March 29, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

100005179211--6  
-04/01/02--01039--012  
\*\*\*\*335.00 \*\*\*\*35.00  
335.00

RE: Corporation #P00000015697

Dear Sirs:

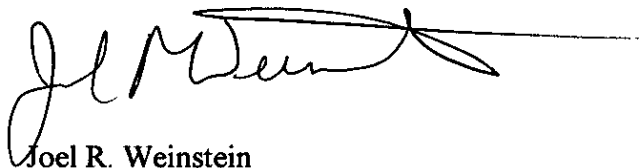
We have learned that the above corporation, Smoke & Mirrors, Incorporated, lost its corporate status due to failure to file its 2001 annual report. We never received the report form for 2001, nor have we received the form for this year. We are filing herewith both the 2001 and 2002 annual report forms, along with the Corporation Reinstatement form and, most importantly, a Statement of Change of Registered Office address, so that we should not have further problems with receipt of forms.

Enclosed is a check for \$335.00 for the annual report fees for 2001 and 2002, and for the \$35 fee for change of registered office. We request that the reinstatement fee be waived, as we never received the annual report forms, and assure you that this will not be a problem in the future.

Thank you for your assistance in this matter, and please direct all correspondence in the future to the above address, phone and fax.

SMOKE & MIRRORS, INCORPORATED

By:



Joel R. Weinstein

Encls.