

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 13 PM 4:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000108661

1. Corporation Name

SMITH, HENRY, MCGUIRE & ASSOCIATES, INC.

2. Principal Office Address

4330 W. BROWARD BLVD.

Suite, Apt. #, etc.

SUITE "P"

City & State

PLANTATION, FL

Zip

33317

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/2000

5. FEI Number

65-1109761

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

MEGAN MCGUIRE

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

4330 WEST BROWARD BOULEVARD

Suite, Apt. #, Etc.

SUITE 'P'

City

PLANTATION

State

FL

Zip Code

33317

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]

REGISTERED AGENT MUST SIGN

Date

2/11/02

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

MEGAN MCGUIRE

4330 W. BROWARD BLVD. STE 'P' PLANTATION, FL 33317

01-02 UBR

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]

MEGAN MCGUIRE

2/11/02

Date

954 791-2222

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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SMITH HENRY McGUIRE & ASSOCIATES, INC.



ACCOUNTING

February 11, 2002

Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

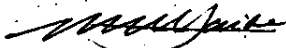
Dear Sirs:

It has been brought to our attention by a mortgage company verifying one of our employee's employment with the company that our corporation has been dissolved. We called and were subsequently told that this is due to us not filing a Uniform Report.

We are not in receipt of this Uniform Report nor have we received any correspondence informing us of this action taken. We have enclosed our fees of Three Hundred Dollars (\$300.00) and humbly ask that any late fees be waived and our corporation reinstated.

Please give this matter your kind and expeditious attention.

Sincerely,


Megan M. McGuire
President