

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000048192**

1. Corporation Name

SIM EQUITIES, INC.

Principal Place of Business

**304 PALERMO STREET
1ST FLOOR
CORAL GABLES FL 33134**

Mailing Address

**304 PALERMO STREET
1ST FLOOR
CORAL GABLES FL 33134**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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

REINSTATEMENT 03



600024196816
10/28/03--01018--025 **150.00

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 3	City / State / Zip 4
PD	MOFFAT, RICHARD A	304 PALERMO STREET	CORAL GABLES FL 33134
VSTD	MOFFAT, ANA L	304 PALERMO STREET	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

9. Name and Address of New Registered Agent

Name **Giselle Beasley**
Street Address (P.O. Box Number is Not Acceptable)
7330 SW 60 Street
Suite, Apt. #, Etc.

City **Miami**

State **FL** Zip Code **33143**

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/21/03**

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

SIM Equities, Inc.
304 Palermo Street, First Floor
Coral Gables, Florida 33134
Telephone (305) 663-3338

Division of Corporations
Annual Report/Reinstatement Section
P O Box 6327
Tallahassee, FL 32314

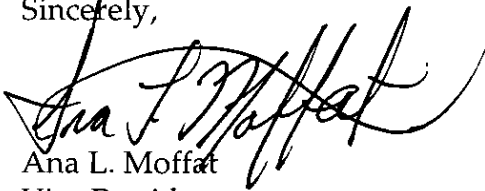
October 21, 2003

Dear Sir/Madam:

Enclosed please find our Application for Reinstatement along with a check for \$150. We kindly request that you waive the reinstatement fee as we did not receive the 2003 UBR. We had some problems with our mail delivery but are confident that these problems have been resolved and this situation will not repeat itself.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "Ana L. Moffat", written over a horizontal line.

Ana L. Moffat
Vice President
SIM Equities, Inc.