

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000087593

1. Corporation Name:

SPECIAL INFORMATION & MARKETING, INC.

2. Principal Office Address

1500 SE 3rd COURT

Suite, Apt. #, etc.

#208

City & State

DEERFIELD BEACH

Zip

33441

Country

U.S.A.

3. Mailing Office Address

1500 SE 3rd COURT

Suite, Apt. #, etc.

#208

City & State

DEERFIELD BEACH

Zip

33441

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

AUGUST 13, 2002

5. FEI Number:

20-0001033

Apply

or

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$8.75 Additional Fee
for a Certificate ofRequired
Status

7. Name and Address of Current Registered Agent

Name

DIDIER DACHEZ

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

1500 SE 3rd COURT

Suite, Apt. #, Etc.

#208

City

DEERFIELD BEACH

State
FLZip Code
33441

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

Date

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D-PST	DIDIER DACHEZ	1500 SE 3rd COURT	DEERFIELD BEACH, FL 33441
D-VP	MARCOS MENACHE	1500 SE 3rd COURT	DEERFIELD BEACH, FL 33441

REINSTATEMENT

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 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 debts 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 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

DIDIER DACHEZ, DIR/P

Date

Daytime Phone #

(305) 539-0000