

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000045580 1. Entity Name SMITH COMMERCIAL GROUP OF BROWARD, INC.						FILED 06 OCT 13 PM 1:51 SEC. TALLAH	
Principal Place of Business 1065 NE 204 TERRACE MIAMI, FL 33179				Mailing Address 1065 NE 204 TERRACE MIAMI, FL 33179			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4300 SW 73rd Ave Suite 105		 REINSTATEMENT 2006			
City & State		City & State Miami FL					
Zip 33155	Country USA	4. FEI Number 75-3116215	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent TKACH, CONRAD H 1065 NE 204 TERRACE MIAMI, FL 33179			
7. Name and Address of New Registered Agent Name Josephine Cruz							
Street Address (P.O. Box Number is Not Acceptable) 4300 SW 73rd Ave Suite 105							
City Miami, FL 33155							
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE 12/9/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ALAN <input type="checkbox"/> Delete 1230 NW 7TH ST. MIAMI, FL 33125			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900080832803 10/13/06--01051--015 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEIL, GEORGE <input type="checkbox"/> Delete 1230 NW 7TH ST MIAMI, FL 33125			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 10/9/06 305-785-6846 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							