


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000061023		
1. Entity Name S & M HOLD. ENTERPRISES, INC.		

FILED

05 OCT 14 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 569 WECHSLER CIR ORLANDO, FL 32824		Mailing Address <del>569 WECHSLER CIR</del> ORLANDO, FL <del>32824</del>
2. Principal Place of Business 7101 S. ORANGE BLOSSOM TRL. Suite, Apt. #, etc.	3. Mailing Address 7101 S. ORANGE BLOSSOM TRL. Suite, Apt. #, etc.	

10062005 REIN-P CR2E098 (6/04)

City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number 42-1627175	Applied For <input type="checkbox"/> Not Applicable
Zip 32809	Country ORANGE	Zip 32809	Country ORANGE	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PEREZ, SONIA 569 WECHSLER CIR ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Sonia Perez DATE 10/8/05  
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, SONIA 569 WECHSLER CIR ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100360780171 10/19/05--01056--025 *150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNOZ, LUZ E 9 SAN ANDREWS CT OLD WESTBURY, NY 19568 <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
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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 exemption stated in Section 119.07(3)(i), 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: Sonia Perez SONIA PEREZ 10/8/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #