

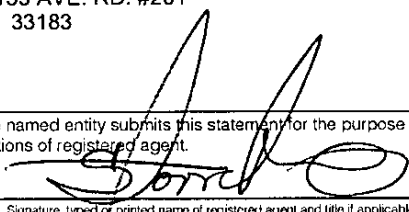
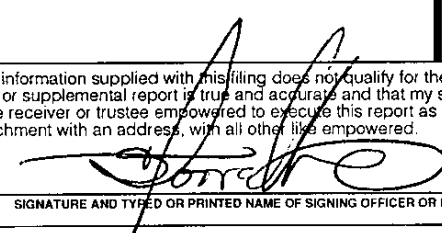


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137893 1. Entity Name S & M INSURANCE CORP.						FILED 05 SEP 29 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 8650 SW 133 AVE. RD. #201 MIAMI, FL 33183				Mailing Address 8650 SW 133 AVE. RD. #201 MIAMI, FL 33183			
2. Principal Place of Business 16675 SW 61 Way Suite, Apt. #, etc.		3. Mailing Address 16675 SW 61 Way Suite, Apt. #, etc.					
City & State Miami, FL		City & State Miami, FL					
Zip 33193		Country Miami-Dade		4. FEI Number 20-1736670		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		09282005 REIN-P CR2E098 (6/04)			
6. Name and Address of Current Registered Agent TORRALBAS, SALVADOR JR. 8650 SW 133 AVE. RD. #201 MIAMI, FL 33183				7. Name and Address of New Registered Agent Name Torralbas, Salvador Jr. Street Address (P.O. Box Number is Not Acceptable) 16675 SW 61 Way City Miami FL Zip Code 33193			
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 9/28/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
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.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TORRALBAS, SALVADOR JR. 8650 SW 133 AVE. RD. #201 MIAMI, FL 33183 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16675 SW 61 Way Miami, FL 33193		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 200060125282 09/30/05--01053--004 **150.00		
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 05		
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 SEP 29 2005		
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 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 lines empowered.							
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 9/28/05 <small>Duty-Free Phone #</small>			