

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 DEC 15 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

182

**REINSTATEMENT**

DOCUMENT # P04000156243

1. Corporation Name

SIMON MOTION CORP.

2. Principal Office Address

SAIMONTON LOPES

3. Mailing Office Address

6800 NW 39 AVE

Suite, Apt. #, etc.

6800 NW 39 AVE # 121

Suite, Apt. #, etc.

# 121

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1900243

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

0506

**7. Name and Address of Current Registered Agent**

Name

SAIMONTON LOPES

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

6800 NW 39 AVE

Suite, Apt. #, Etc.

# 121

City

COCONUT CREEK

State

FL

Zip Code

33073

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

REGISTERED AGENT MUST SIGN

Date

12-13-06

**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
PD	SAIMONTON LOPES	6800 NW 39 AVE # 121	COCONUT CREEK, FL 33073

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 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 contained in Chapter 119, 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

12-13-06

Daytime Phone #

(954) 868-5251

FLORIDA DEPARTMENT OF STATE  
Division of Corporation  
2006 Uniform Business Report (UBR)  
P.O. BOX 6327  
Tallahassee, FL 32314

2/2

*Re: Filing of Uniform Business Report 2005/2006*

P04000156243

SIMON MOTION CORP.

To Whom It May Concern:

This letter is to inform you that we have never received a 2005 Uniform Business Report form in the mail. For that reason my company became inactive.

We would like to request you that you forgive all extra fees and penalties other than the primary of \$150.00 per year and accept the filling of our attached UBR, which has been prepared by our accountant. Please find enclose one check of \$300.00 for 2005 and 2006 UBR fees.

Any questions or concern, feel free to contact our accountant at (954) 868-5251 and speak to Mr. Saimonton Lopes.

Sincerely,



Saimonton Lopes - President  
SIMON MOTION CORP.  
6800 NW 39 Ave # 121  
Coconut Creek, FL 33073