


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000099595

1. Entity Name
SMSM, CORP.



Principal Place of Business
60 SW 59TH AVE
MIAMI, FL 33144

Mailing Address
60 SW 59TH AVE
MIAMI, FL 33144

2. Principal Place of Business - No P.O. Box #
60 SW 59TH AVE

3. Mailing Address
60 SW 59TH AVE

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33144

Country
USA

6. Name and Address of Current Registered Agent

SERPA, EULALIA
60 SW 59TH AVE
MIAMI, FL 33144

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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.

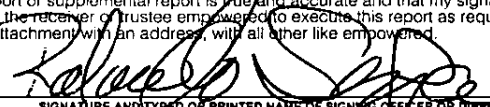
SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SERPA, EULALIA 60 SW 59TH AVE MIAMI, FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900139209899 12/22/08--01061--004 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SERPA, ROLANDO 60 SW 59TH AVE MIAMI, FL 33144 <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 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:  10-12-08 786234-1993

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
08 DEC 22 PM 5:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



SMSM, Corp
60 SW 59th Ave . Miami, FL 33144

Thursday, 12/18/2008

Florida Department of State
Division of Corporations

Recently I receive a letter from you where you inform me that I did not renew my corporation for the year 2008. My company name is SMSM, Corp and my FEI number is 20-5309205.

I apologize but I never receive the renewal letter in the mail and I'm really worried now because it is a lot of money for the penalty and our financial situation is in a really bad shape, as you know we depend on sales and they have been very bad. So I'm asking you to please wave the penalties this time, under the promise that I make sure that this doesn't happen again.

Thank you very much.

Sincerely,


Rolando Serpa
President