APPROVED
AND
FILED

TOTAL P.04

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING 1998 JAN 29 AM 8:56

APPLICATION FOR 97-98 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT #P95000041961

SMG CONSULTING CORPORATION
20801 Biscayne Boulevard
Suite 424
Aventura, Florida 33180

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number		6. $8.75 Additional Fee required for a Certificate of Status
10/03/96	65-0697211	FEI Number Applied For	CERTIFICATE OF STATUS DESIRED ☒
		FEI Number Not Applicable	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/T D	Shevin M. Goodman	600 Parkview Drive #230	Hallandale, FL 33009
VP/S	William S. Martin	427 W. 42nd Street	Miami Beach FL 33140
			900002419879--9 -02/03/98--01062--017 ****708.75 ****708.75
			97-98 REINSTATEMENT 1/29/98

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name
Peter G. Gruber, P.A.

Street Address (Do NOT Use P.O. Box Number)
9100 South Dadeland Boulevard

Street Address (Do NOT Use P.O. Box Number)
One Datran Center, Suite 910

City: Miami | State: FL. | Zip: 33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Peter G. Gruber
REGISTERED AGENT MUST SIGN

Date: 1/23/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☑ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of