

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # P95000064943

96 DEC 24 AM 8:18

1 Corporation Name
SSMI HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7154 NORTH UNIVERSITY DRIVE, SUITE 276 FT. LAUDERDALE FL 33321
7154 NORTH UNIVERSITY DRIVE, SUITE 276 FT. LAUDERDALE FL 33321



REINSTATEMENT 1996 mnb 12/24/96

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable
3. New Mailing Office Address, if Applicable
4. Date Incorporated or Qualified To Do Business in Florida 00/15/1995
5. FEI Number [X] Applied For [] Not Applicable
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO	PERRY SCOTT	7154 N. UNIVERSITY DR. 276	FT. LAUDERDALE/FL 33321

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-12/27/96--01079--005
****383.75 ****383.75

8. Name and Address of Current Registered Agent
AMARAL, M. PETER
10735 SHADY POND LANE
BOCA RATON FL 33428

9. Name and Address of New Registered Agent
Name: Gordon E. Schnap Esq.
Street Address (P.O. Box Number is Not Acceptable): 1660 Riverland Road
Suite, Apt. #, Etc.:
City: Fort Lauderdale State: FL Zip Code: 33312

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: Gordon E. Schnap
Date: 12/23/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [] No [X] (See other aids for information on intangible tax.)

12. 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 under section 119.07(3)(i), 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: Perry Scott
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 12-23-96 Daytime Phone #