SENT BY:RUDEN MCCLOSK ;12-24-97 1:25PM ; 305→ DePartment of State;# 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

B97000021191

97 DEC 24 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000014937

1. Corporation Name

SMSMS, INo.

Principal Place of Business / Mailing Address

5300 North Powerline Rd., Suite 3W
Ft. Lauderdale, FL 33309

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

REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

3. New Mailing Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida
02/16/96

5. FEI Number
65-0646493
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Mark Begelman	5300 N. Powerline Rd., #3W	Ft. Lauderdale, FL 33309
S	Robert Zobel	5300 N. Powerline Rd., #3W	Ft. Lauderdale, FL 33309
T	Robert Zobel	5300 N. Powerline Rd., #3W	Ft. Lauderdale, FL 33309

12/24

8. Name and Address of Current Registered Agent

Mark Begelman
13630 W. Dixie Highway
N. Miami Beach, FL 33161

9. Name and Address of New Registered Agent

Name: Mark Begelman
Street Address (P.O. Box Number is Not Acceptable): 5300 N. Powerline Rd., Suite 3W
Suite, Apt. #, Etc.:
City: Ft. Lauderdale, State: FL Zip Code: 33309

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: Mark Begelman
REGISTERED AGENT MUST SIGN

Date: 12/20/97

11. 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.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: Mark Begelman
SIGNATURE OF CORPORATE OFFICER OR DIRECTOR

12/20/97 Date (954) 938-0526 Daytime Phone #

CR2E031 (1/95)

12/24/97 FLORIDA DIVISION OF CORPORATIONS 12:25 PM
PUBLIC ACCESS SYSTEM
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(((H97000021191 6)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: RUDEN, MCCLOSKY, SMITH, SCHUSTER & RUSSELL, ACCT#: 076077000521
CONTACT: SUSAN OSBORNE
PHONE: (954)761-2910 FAX #: (954)764-4996

NAME: SMSMS, INC.
AUDIT NUMBER.....H97000021191
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
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** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>: