

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P97000027018

1. Corporation Name

SMCHA CORP.

Principal Place of Business

**3220 CHASE AVE.
MIAMI BEACH FL 33140**

Mailing Address

**3770 CHASE AVE.
MIAMI BEACH FL 33140**

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

2. New Principal Office Address, If Applicable

333 41st Street

Suite, Apt. #, etc.

Suite 900

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. New Mailing Office Address, If Applicable

333 41st Street

Suite, Apt. #, etc.

Suite 900

City & State

Miami Beach, FL

Zip

33140

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

03/26/1997

5. FEI Number

65-0753560

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)

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
D	DARDASHTI, DAVID	3770 CHASE AVE.	MIAMI BEACH FL 33140
D	BRONSTEIN, HILLEL	16 WEST 36TH STREET	NEW YORK NY 10018
D	Dardashti, Irene	3770 Chase Ave.	Miami Beach, FL 33140

**100002766261--7
-02/05/99--01093--012
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

**LEVEY, JEFFREY E
2885 SOUTH BAYSHORE DRIVE, SUITE 1004
COCONUT GROVE FL 33133**

9. Name and Address of New Registered Agent

Name **David Dardashti**

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

333 41st Street

Suite, Apt. #, Etc.

Suite 900

City

Miami Beach

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date

2/1/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

305-531-6888

Daytime Phone #

CR2E040 (9/98)