

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -9 PM 12: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107245 (7)

1. Corporation Name

S.M. Apartments Corp.

2. Principal Office Address

9109 NW 152 LN

Suite, Apt. #, etc.

3. Mailing Office Address

9109 NW 152 LN

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

City & State

MIAMI LAKES, FL.

Zip

33018

Country

USA

Zip

33018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1997

5. FEI Number

65-0801676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

RODRIGUEZ, SARA

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

9109 NW 152 LN.

Suite, Apt. #, Etc.

City

MIAMI LAKES, FL.

State
FL

Zip Code

33018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sara Rodriguez

Date

2/8/05

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>P</u>	<u>SARA RODRIGUEZ</u>	<u>9109 NW 152 LN.</u>	<u>MIAMI LAKES, FL. 33018</u>

10. 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)(f), 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:

Sara Rodriguez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/05

Daytime Phone #