

1976
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 21 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR

00 02

DOCUMENT #

P-000032294

1. Corporation Name

SMOKE CORPATION

2. Principal Office Address

6335 N.W. 75 WAY

Suite, Apt. #, etc.

3. Mailing Office Address

4630 N. UNIVERSITY DR

Suite, Apt. #, etc.

#444

City & State

PARKLAND FL

City & State

CORALS SPRINGS

Zip

33067

Country

BROWARD

Zip

33067

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0863063

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

JOHN MUCCI

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

1039 N.E. 43 CT

Suite, Apt. #, Etc.

City

OAKLAND PARK

State

FL

Zip Code

33334

600005678676

-06/05/02--01001--004

****450.00 ****450.00

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

REGISTERED AGENT MUST SIGN

Date 5-14-2002

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
P/M/S	JOSEPH MERLINO	6335 N.W. 75 WAY	PARKLAND FL 33067
V/S	RICHARD A. SAWARD	4630 N. UNIVERSITY DR	CORALS SPRINGS FL 33067

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)(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:

Joseph MERLINO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-02-02

Daytime Phone #

954
796 9518

CR2E081 (9/01)

SMOKE CORP. 282
4630 N. UNIVERSITY DR.
#444
CORAL SPRINGS, FL. 33067
REF. # P980000 32294
MAY 15TH 2002

FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O.B. 6327
TALLAHASSEE, FL. 32314
RE: LETTER # 302400029067

ATTENTION BARBARA MITCHELL:

THIS LETTER IS IN REGARD TO OUR TELEPHONE
CONVERSATION ON MAY 14TH 2002 TO REINSTATE
SMOKE, CORP.

MR. WAYNE ADAMS, PRESIDENT OF SMOKE, CORP.
PASSED AWAY AND DUE TO HIS SERIOUS
ILLNESS APPARENTLY DID NOT FILE THE
NECESSARY 2000 CORPORATION DOCUMENTS.

ENCLOSED IS A CHECK IN THE AMOUNT OF
\$450.00/100 TO REINSTATE SMOKE CORPORATION.

THANK YOU FOR YOUR COOPERATION IN
RESOLVING THIS MATTER.

Barbara Mitchell
President
Smoke Corp.