

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**  
**Oct 10, 2008 8:00 A.M.**  
**Secretary of State**

**CORPORATION  
 REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P98000042680**

**1. Corporation Name**

S.M.S.I., INC.

**2. Principal Office Address - No P.O. Box #**

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 317-323

City & State

PALM BEACH, FL

Zip

33480

Country

USA

**3. Mailing Office Address**

340 ROYAL POINCIANA WAY

Suite, Apt. #, etc.

SUITE 317-323

City & State

PALM BEACH, FL

Zip

33480

Country

USA

**7. Name and Address of Current Registered Agent**

Name

OWEN G. WILLIAMS

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

340 ROYAL POINCIANA WAY

Suite, Apt. #, Etc.

SUITE 317-323

City

PALM BEACH

State

FL

Zip Code

33480

**4. Date Incorporated or Qualified  
 To Do Business in Florida**

05/01/1998

**5. FEI Number**

65-0834775

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**\$8.75 Additional Fee required  
 for a Certificate of Status**

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Date

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
PSD	OWEN G. WILLIAMS	232 SEABREEZE	PALM BEACH, FL 33480
VTD	REBECCA G. WILLIAMS	232 SEABREEZE	PALM BEACH, FL 33480

**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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Oct 6<sup>th</sup> 2008* *5618334220*

*2010/10*