

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000046202		<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 NOV -3 PM 3:39</div> <div>03-25-99 90017 005 \$150.00</div>	
1. Corporation Name S.F.M. ENTERPRISES, INC.			
Principal Place of Business 9462 SW 1ST PLACE CORAL SPRINGS FL 33071			
Mailing Address 9462 SW 1ST PLACE CORAL SPRINGS FL 33071		<div>05/20/1998</div> <div>5. FEI Number 65-0838998</div> <div>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</div>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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	4. City / State / Zip
D	TROPEPE, FRANK J	9462 SW 1ST PLACE	CORAL SPRINGS FL 33071
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TROPEPE, FRANK J 9462 SW 1ST PLACE CORAL SPRINGS FL 33071		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.			
Signature of Registered Agent <i>Frank J Tropepe</i>		Date <i>10/25/99</i>	
REGISTERED AGENT MUST SIGN			
11. 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: <i>Frank J Tropepe</i>		Date <i>10/25/99</i> Daytime Phone # <i>954-972-1711</i>	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			