

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

FILED

00 JUN -1 AM 9:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 990000075050

1. Corporation Name

SMAX, INC.

Principal Place of Business Mailing Address
~~5618 NW 117 AVENUE~~ 11471 West Sample Road
 CORAL SPRINGS FL ~~33076~~ 33065

REINSTATEMENT 99-00

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

2. New Principal Office Address, If Applicable <u>11471 West Sample Rd</u>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 8-31-98 SP	
Suite, Apt. #, etc. <u>#8</u>		Suite, Apt. #, etc.		5. FEI Number 65-0867228	
City & State <u>CORAL SPRINGS FL</u>		City & State		Applied For Not Applicable	
Zip <u>33065</u>	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	ILEEN MESSINGER	5618 NW 117 AVENUE	CORAL SPRINGS, FL 33076

300003299423--5
~~-06/21/00-01087-010~~
 *****900.00 *****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ILEEN MESSINGER 5618 NW 117 AVENUE CORAL SPRINGS, FL 33076		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL Zip Code

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 Ileen Messinger Date 5/24/00
 REGISTERED AGENT MUST SIGN

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 name 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: Ileen Messinger 5/24/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)