

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000087997

1. Corporation Name

S.M.P. FINANCIAL CONSULTANTS, INC.

Principal Place of Business

Mailing Address

7050 SW 23 STREET  
DAVIE FL 333177050 SW 23 STREET  
DAVIE FL 33317

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/14/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City &amp; State

City &amp; State

65-0869193

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED

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
P D	CAPRIO, JAMES J.	4890 NW 65 AVE	LAUDERHILL FL 33319

000003084040--3  
-12/30/99--01020--015  
\*\*\*\*758.75 \*\*\*\*758.75

REINSTATEMENT 99 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPRIO, JAMES J.  
4890 NW 65 AVE  
LAUDERHILL FL 33319

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 AgentSIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 12-14-99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-14-99 561-361-456