

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000106430

1. Corporation Name

SMS SOLUTIONS, INC.

Principal Place of Business

Mailing Address

555 NE 15TH ST.
SUITE 100
MIAMI FL 33132

555 NE 15TH ST.
SUITE 100
MIAMI FL 33132

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

2. New Principal Office Address, If Applicable

6420 N.W. 5TH WAY

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

City & State

FT. LAUDERDALE

Zip
33309

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/2000

5. FEI Number

65-0967511

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSTD	RODRIGUEZ, SEVERINO	2615 HIATUS ROAD 6420 S N.W. 5TH WAY	COOPER CITY FL 33026 FT. LAUDERDALE, FL 33309
VD	MISCH, ERIC	2615 HIATUS ROAD 6420 N.W. 5TH. WAY	COOPER CITY FL 33026 FT. LAUDERDALE, FL 33309
VD	KORHONEN, JAY	2615 HIATUS ROAD 6420 N.W 5TH WAY	COOPER CITY FL 33026 FT. LAUDERDALE, FL 33309

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name
JAY KORHONEN
Street Address (P.O. Box Number is Not Acceptable)
6420 N.W 5TH. WAY
Suite, Apt. #, Etc.

City
FT. LAUDERDALE

State
FL

Zip Code
33309

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

SIGNATURE REQUIRED

Date 11-20-2001

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-2001 305-490-2980

Date Daytime Phone #