

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

7/2/01

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 MAR 15 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2000-01-06

DOCUMENT # **S78230**

1. Corporation Name  
**E.J. SMOKER & ASSOCIATES, INC.**

2. Principal Office Address  
**912 E. BROWARD BLVD**

3. Mailing Office Address  
**SAME**

Suite, Apt. #, etc.  
**SUITE A**

Suite, Apt. #, etc.

City & State  
**FT. LAUDERDALE, FL**

City & State

Zip Country  
**33301-2067 US BROWARD**

Zip Country

6/12/00 90032 043-150.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**650282339**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**EDWARD J. SMOKER**  
Street Address (P.O. Box Number is Not Acceptable)  
**912 E. BROWARD BLVD. SUITE A**  
Suite, Apt. #, Etc.  
**SUITE A**  
City  
**FT. LAUDERDALE, FL**

~~300003991683-6~~  
~~-03/22/01--01008--009~~  
~~\*\*\*\*150.00 \*\*\*\*150.00~~

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 **3/8/01**  
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
DP	EDWARD J. SMOKER	912 E BROWARD BLVD SUITE A	FT. LAUDERDALE, FL 33301

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 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: Date **3/8/01** 954-763-6055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (9/00)

*79.2ab2*

## **E. J. Smoker & Associates, Inc.**

Lic. Real Estate Broker  
Appraising & Consulting

912 East Broward Boulevard  
Fort Lauderdale, FL 33301-2067  
(954) 763-6055 FAX (954) 763-6128

March 7, 2001

To Whom It May Concern:  
Florida Department of State  
Division Of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Re: 2000 & 2001 UBR form for E. J. Smoker & Associates, Inc.

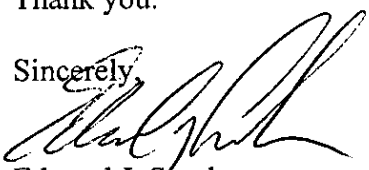
I did not receive my annual UBR report filing this year, which prompted an inquiry by me of the reason for this. Little did I know that I had been operating in a non-active status due to a wrong computer impute by the Department.

Please find correspondence attached that will give evidence of a computer mailing address mistake made by the department. Apparently the computer did not carry over an address change that was made back in 1997 which then created no mail being received by me. You will see that I have a credit of \$150.00 for the UBR filing last year. I have included this year filing for \$150.00. Please correct the inactive status and the administrative dissolution for annual report which resulted from the lack of mail being received by me.

A phone call to the department today verified the enclosed information and I was told to send in the reinstatement form along with the \$150.00 fee for this year. No other reinstatement fee should be charged due to the error of the Department.

Thank you.

Sincerely,

  
Edward J. Smoker