1 of 2

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # S87504  1. Entity Name S.M.A.C. OF DADE, INC.						06 NOV 13 [YIII: 48			
Principal Place 6400 SOUTH MIAMI, FL 33	DIXIE HIGH		Mailing Address 6400 SOUTH DIXIE HIGHWAY MIAMI, FL 33143			T TO THE REPORT OF THE PARTY OF			
2. Principal Pl	lace of Busin	ess	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			"Loukeons	ין פיין א	OP
City & State			City & State	City & State			<del>11. 11. 11. 1</del> . <del>1</del> . <del>1</del> . <del>1</del> . <del>1</del> . <del>1</del>		Applicable
Zip	Country		Zip	Zip Count		5. Certificate of Status Desired		.75 Addi Required	
	6. Name	and Address of Curre	ent Registered Agent	Name	7. Name and Address of New F	legistered Age	nt		
TERMINELLO, LOUIS J. 2700 SW 37TH AVENUE MIAMI, FL 33133						(P.O. Box Number is Not Acceptable	9)		
					City	,	FL	Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo ida. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00									
10.		OFFICERS A	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFF	ICERS AND DI	RECTORS	IN 11
TITLE NAME	PVPS Delete IIII				i			] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	6400 SOUTH DIXIE HIGHWAY				EET ADORESS Y-ST-ZIP	90008 <b>1</b> 8 11/16/0601069	37214 010 *	⊦9 *150.0	00
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TITLE			☐ Delete	TITL	.E			] Change	☐ Addition
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CITY-ST-ZIP					Y-ST-ZIP				- Addition
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STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP				
TITLE NAME			☐ Delete	TITI	i			] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STR	REET ADORESS Y-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dave Daytone Prome									Y- (70) 2

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## TERMINELLO & TERMINELLO, P.A.

ATTORNEYS AT LAW

2700 S.W. 37 AVENUE MIAMI, FLORIDA 33133-2728

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PLEASE REPLY TO:

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OLGA BLANCO LEGAL ASSISTANT

LOUIS J. TERMINELLO\*
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ALSO ADMITTED IN:

"NEW YORK "WASHINGTON, D.C.

"NEW YORK

LAKISHA S. DICKENS LICENSING ADMINISTRATOR E-MAIL: lakisha@terminello.com

GEANNINA A. MUNIZAGA LICENSING ADMINISTRATOR E-MAIL: geannina@terminello.com

November 9, 2006

Florida Department of State DIVISION OF CORPORATIONS P.O. BOX 6327 Tallahassee, FL 32314

RE: S.M.A.C. of Dade, Inc.

#S87504

Dear Sir or Madam:

Enclosed please find a 2006 annual report for the above captioned along with a check in the amount of One Hundred Fifty (\$150.00) Dollars as and for the fees due. Please note that perhaps due to construction on the property, the 2006 annual report form was never received by the corporation. Thank you for your kind consideration in this matter. Of course, should you have any questions in this regard, please do not hesitate to contact me.

Very truly yours,

Nancy Terminello

NT/nt

Encls. as stated