2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

X 1068

DOCUMENT # P07000116342. 1. Entity Name SMARTMED GROUP INC.					08 NOV 19 PH 4: 54						
Principal Place of Business Mailing Address 11601 NORTHWEST 48TH LANE 11601 NORTHWEST 48TH LANE				E		ATLAHASSEE, FLORIDA					
DORAL, FL 33178 DORAL, FL 33178				_		ALLAHASSEE, PLONION					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
10803 N U 8377 ST. Suite, Apt. #, etc. Suite, Apt. #, etc.						11132008 REIN-P CR2E098 (1/07)					
City & State					4. FEI Numb	" 201 2 0	(=1		plied For		
2 ^{ig} 124	Zip	Country			5. Certificate of Status Desired Sa.75 Additional						
25170	6 Name and Address of Courset B	agistand Agent	ad Acent			7. Name and Address of New Registered Agent					
6. Name and Address of Current Registered Agent Name						7. Relie ein	Audiess of New Re	Arenara vA			
SPIEGEL & UTRERA, P.A.					Street Address (D.O. Dow Number in Net Assembly)						
1840 SW 22ND ST. 4TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33145											
				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 Florida. 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 algoritative required when reinstating) DATE											
FILE NOW!!! FEE IS \$750.00 After January 1, 2009, Fee will be \$900.00											
10. OFFICERS AND DIRECTORS 11.						ADDITIONS,	CHANGES TO OFFIC	CERS AND D	RECTORS	IN 11	
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	ertify that the information supplied with t	his filing does not qualify for			ntained	in Chanter 110	Florida Statutos 1 fi	urther certific	that the inf	inmation	
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.											

192002

SMARTMED GROUP INC. 10803 NW 83RD St. Unit # 1. MIAMI, FL 33178

TEL: (305) 301-6750

EMAIL: SMARTMEDGROUP@GMAIL.COM

NOVEMBER 12, 2008

DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE

WITH REFERENCE TO OUR TELEPHONE CONVERSATION TODAY, WE ARE SENDING THIS LETTER OF EXPLANATION.

IN LAST SEPTEMBER, WE SENT CHECK FOR \$150 AND "2008 FOR PROFIT CORPORATION ANNUAL REPORT", AND THEN IN LAST OCTOBER, WE RECEIVED A NOTICE OF DISSOLUTION. WE ARE THINKING THE CHECK MUST HAVE BEEN LOST, BECAUSE HAS NEVER BEEN CHARGED.

FOR THIS REASON WE HAVE CALLED, AND THE PERSON WHO SPOKE WITH US, SAID THAT WE WILL SEND THIS LETTER AND A NEW CHECK FOR \$150.

YOURS SINCERELY,

ANA M REVERON P

PRESIDENT

SMARMED GROUP, INC

MIAMI, FLORIDA