

2004

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 FEB -2 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F00000006013

1. Corporation Name

SMART 1 INC.  
Crown Rd DENE SMART ONE INC

2. Principal Office Address

4101 N. ANDREWS AVE

Suite, Apt. #, etc.

110

City &amp; State

FT LAUDERDALE FL

Zip

33309

Country

U.S.

3. Mailing Office Address

4101 N. ANDREWS AVE

Suite, Apt. #, etc.

110

City &amp; State

FT LAUDERDALE FL

Zip

33309

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/2000

5. FEI Number

22-3747036

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 HOLRITZ

Street Address (P.O. Box Number is Not Acceptable)

816 NE 18th Ave.

Suite, Apt. #, Etc.

# 1

City

FT LAUDERDALE

State

FL

Zip Code

33304

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 2/1/04

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
Pres	EDWARD HOLRITZ	816 NE 18th Ave	FT LAUDERDALE FL, 33304
Secy	EDWARD HOLRITZ	816 NE 18th Ave	FT LAUDERDALE FL, 33304

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:

EDWARD HOLRITZ

Date

2/1/04

Daytime Phone #

954-566-5262

CR2E081 (10/02)

***THE ALARMING AMERICA PROGRAM, INC.***

*4101 North Andrews Avenue #110  
Fort Lauderdale, Florida 33309  
(954) 566-5252*

**January 30, 2004**

**DIVISION OF CORPORATIONS**

**P.O. Box 6327**

**Tallahassee, FL 32314**

**ATTN: Ms. Marquitta Williams**

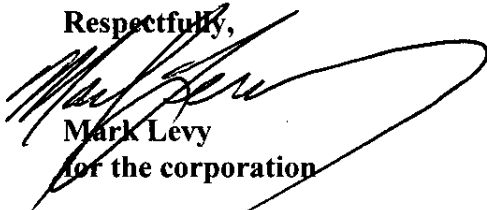
**Dear Ms. Williams,**

**As per our conversation today, I greatly appreciate the courtesies you are extending to the company.**

**Enclosed please find our check in the amount of \$300 to cover our filing fees for 2003 and 2004, as dicussed.**

**We lost our book keeper, the owner of the company, Ed Holritz, has had various medical problems, and with the loss of my daughter, unfortunately our focus has been somewhat lacking. I sincerely thank you for your compassion to our situation, both business and personal. Our prayers are with you as well.**

**Respectfully,**



**Mark Levy**  
**for the corporation**