

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06



70192006 REIN-P CR2E098 (11/05)

DOCUMENT # F00000006325 1. Entity Name SMARTROUTE SYSTEMS, INC.			
Principal Place of Business 9540 WASHINGTON BLVD. CULVER CITY, CA 90232 <i>40 West 57th St New York NY 10019</i>		Mailing Address 9540 WASHINGTON BLVD. CULVER CITY, CA 90232 <i>2800 Post Oak Blvd Houston, TX 77056</i>	
2. Principal Place of Business <i>40 W. 57th St.</i> Suite, Apt. #, etc. <i>15th Floor</i> City & State <i>New York NY</i> Zip <i>10019</i>		3. Mailing Address <i>2800 Post Oak Blvd</i> Suite, Apt. #, etc. <i>Suite 4000</i> City & State <i>Houston, TX</i> Zip <i>77056</i>	
4. FEI Number 95-4206376		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 <i>Cynthia L. Harris</i> Cynthia L. Harris as its agent <i>12/11/06</i> 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		100081395691 10/31/06--01077--017 **750.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COPPOLA, SHANE 40 WEST 57TH STREET, 15TH FLOOR NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ZAREF, ANDREW 40 WEST 57TH STREET, 5TH FLOOR NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT CASTILLO, LUIS 40 WEST 57TH STREET, 15TH FLOOR NEW YORK, NY 10019	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-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: <i>Sam Brown</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		10/30/06 2126412000 Date Daytime Phone #	