

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 12 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F07000000187

1. Corporation Name

SMART SOLUTIONS HOLDINGS (G.P) INC

800161606428
10/12/09--01020--005 **300.00

REINSTATEMENT 68-09
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

433 PLAZA REAL

3. Mailing Office Address

433 PLAZA REAL

Suite, Apt. #, etc.

275

Suite, Apt. #, etc.

275

City & State

BOCA RATON, FLORIDA

City & State

BOCA RATON, FLORIDA

Zip

33432

Country

USA

Zip

33432

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2007

5. FEI Number

☐ 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

CATHRYN WARREN

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

433 PLAZA REAL

Suite, Apt. #, Etc.

275

City

BOCA RATON

State

FL

Zip Code

33432

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

C Warren

Date 10/08/2009

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
P	PAUL WARREN	433 PLAZA REAL, SUITE 275	BOCA RATON, FLORIDA 33432
S	CATHRYN WARREN	433 PLAZA REAL, SUITE 275	BOCA RATON, FLORIDA, 33432
			X 10/12

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 contained in Chapter 119, 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:

Paul Warren (PAUL WARREN)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/08/2009

Date

(561) 212 3138

Daytime Phone #