## 2013 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# F11000003358

Entity Name: SMART THERAPEUTICS, INC.

FILED Jan 09, 2013 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6 LAPWING COURT 143 W. GOLDEN ARROW CIRCLE THE WOODLANDS, TX 77381 US

Current Mailing Address: New Mailing Address:

6 LAPWING COURT 143 W. GOLDEN ARROW CIRCLE THE WOODLANDS, TX 77381 US

FEI Number: 45-3010060 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FABIAN, SHELLY
2670 CREEKVIEW CIRCLE
OVIEDO, FL 32765 US

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: DEBORAH SKIPPER 01/09/2013

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: CEO

Name: SCIME, JOSEPH

Address: 25 OAKBROOK DRIVE, UNIT C City-St-Zip: WILLIAMSVILLE, NY 14221

Title: CFO

Name: ANDRE, ALEX

Address: 143 W. GOLDEN ARROW CIRCLE City-St-Zip: THE WOODLANDS, TX 77381 US

Title: SEC.

Name: ANDRE, ALEX

Address: 143 W. GOLDEN ARROW CIRCLE City-St-Zip: THE WOODLANDS, TX 77381 US

Title: DIR.

Name: SCIME, JOSEPH Address: 25 OAKBROOK DRIVE

City-St-Zip: WILLIAMSVILLE, NY 14221 US

Title: DIR.

Name: ANDRE, ALEX

Address: 143 W. GOLDEN ARROW CIRCLE City-St-Zip: THE WOODLANDS, TX 77381 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALEX ANDRE CFO 01/09/2013