

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 JUL -3 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J93921

1. Corporation Name

The Smart Corporation

200006350842--6
-07/12/02--01029--014
***2311.25 ***2311.25

2. Principal Office Address

6039 Cypress Gardens Blvd

3. Mailing Office Address

6039 Cypress Gardens Blvd

Suite, Apt. #, etc.

Ste 260

Suite, Apt. #, etc.

Ste 260

City & State

Winter Haven, FL

City & State

Winter Haven, FL

Zip

33884

Country

USA

Zip

33884

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2846909

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

~~Ray R. Kemp~~ Roger Kemp

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

6039 Cypress Gardens Blvd, Ste 260

Suite, Apt. #, etc.

Ste 260

City

Winter Haven, FL 33884

State

FL

Zip Code

33884

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

R Kemp

REGISTERED AGENT MUST SIGN

Date

July 01/2002

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
DIR+ PRES	ROY SMITH	6039 CYPRESS GDNS BLVD #260	WINTER HAVEN FL 33884
VP	ROGER KEMP	6039 Cypress Gardens as above	as above
VP	DAN GALLACHER	6039 Cypress Gardens as above	as above

REINSTATEMENT 91-12478

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:

R Kemp R. KEMP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 01/2002 (863) 421-6692

Date

Daytime Phone #

CR2E001 (9/01)