PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION	
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FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

Smartweb TECHNOLOGY, INC.

02 DEC 20 AM 10: 36

TALLAHASSEE. FLORIDA

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2. Principa	Principal Office Address 3. Mailing Office Address			•						
2950										
Suite, Apt. #		Suite, Apt. #, etc.		<u> </u>						
Sui	Suite#300 Suite#300			4. Date Incorp	orated or Qua	alified	/	_		
City & State	& State City & State					12/16				
wint	er Park, FL	Winter F	ter Park, FL 5. FEI Numb			6256	→ — — — — —	ed For Applicable		
Zip /-	Country	Zip	Country	6.		\$9.75 A	dditional F	ee required		
3279	2 Orange	32792	Orange	CERTIFICATE	OF STATUS U	for a	Certificate	of Status		
	7. Name and Address of Current Registered Agent									
	Michelle Farahbaksh									
	Street Address (P.O. Box Number is N 2950 A Lamie	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		12720	.///201	196150: 1034 <u>00</u> 5		nn		
	Suite, Apt. #, Etc.	E POU		A but he'n	rum y.	1001 000	4-11- 7 - 11	.ju		
	Suite # 300				[o]	Tie Code				
	winter Pa	ark			State .	Zip Code 32792				
8. I, being	appointed the registered agent of the abo	ve named corporation, am	familiar with and accept the o	bligations of section	n 607.0505 d	or 617.0503, F.S.				
Signature of Registered A		ر ہے			Date	12/16/20	202			
1 togistored 2		GISTERED AGENT MUS	T SIGN					ı		
9. Names	and Street Addresses of Each Officer and	l/or Director (Florida nonpr	ofit corporations must list at le	ast 3 directors)						
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			City / State / 2	Žip			
D	Farahbash, Mic	helle 54	50 Aloma Ave	tve winter Park, FL 32.792						
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			(1)	1.01						

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 filling 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/2002

Daytime Phone #

CR2E081 (9/01)



Smarrwes regnerogy

2950 Aloma Avenue Winter Park, Florida 32792 Tel: (407) 671-2277

Fax: (407) 671-7888

December 16, 2002

Reinstatement Analyst Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am enclosing our application and check of \$150.00 for reinstatement for the uniform business report (UBR) for SmartWeb Technology, Inc. My pervious office manager informed me that she has sent the information before the deadline date, but on your website our corporation information hasn't been updated. I also spoke to a representative in your department, whom informed me that my application late fee would be waved if I write to you department and enclose a check for the amount listed.

Please contact me if you have any questions or require further information. We welcome the opportunity to work with you.

Sincerely,

Parisa Soleimani Regional Office Director

407-312-6595 (cell)

Enclosures