

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN 16 PM 12:47

SECRET
DATE
FALL 2005

DOCUMENT# P00000022487

1. Corporation Name

SMART IDEAS ETC, INC.
8300 SW 114 AVE
MIAMI, FLA. 33173-3625

2. Principal Office Address

8300 SW 114 AVE

3. Mailing Office Address

8300 SW 114 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33173

Country

USA

Zip

33173

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MAR 6, 2000

5. FEI Number

65-0987913

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

FERNANDO R. BOWEN

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

8300 SW 114 AVE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code

33173-3625

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

[Signature]
REGISTERED AGENT MUST SIGN

Date JUNE 12, 2005

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
PVTS	FERNANDO BOWEN	8300 SW 114 AVE	MIAMI FL 33173

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 12, 2005

Date

720-3032

Daytime Phone #

CR2E081 (01/05)