

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1052
FILED
03 JAN 27 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SMART DESK INTERNATIONAL, INC.

DOCUMENT # *P00000051180*

2. Principal Office Address

3908 GOURCK COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

APOPKA, FLORIDA

Zip

32712

Country

USA

City & State

Zip

Country

REINSTATEMENT

01-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/2000

5. FEI Number

NONE

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

JAMES H. YARBROUGH

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

3908 GOURCK COURT

Suite, Apt. #, Etc.

City

APOPKA

State

FL

Zip Code

32712

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

REGISTERED AGENT MUST SIGN

Date

1/18/2003

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
<i>P, D</i>	<i>JAMES H. YARBROUGH</i>	<i>3908 GOURCK COURT</i>	<i>APOPKA, FLORIDA 32712</i>
<i>D</i>	<i>RICK MACE</i>	<i>588 SHELBOURNE LANE APT# 306</i>	<i>CENTERVILLE, OH 45458</i>
<i>V, D</i>	<i>TOM STURGEON</i>	<i>31440 NORTH PRESTWICK AV</i>	<i>SORRENTO, FLORIDA 32726</i>

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

Date

Daytime Phone #

1/18/2003 407.928.8930

CR2001 (10/02)

2082



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 898497 7192788

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 1058.75

ORDER DATE : January 27, 2003

ORDER TIME : 10:30 AM

ORDER NO. : 898497-005

CUSTOMER NO: 7192788

CUSTOMER: Ms. Kimberley Graif
Wilson Sonsini Goodrich &
Suite 3350, Suite 3350, 8911
Capital Of Texas Highway Suite
Austin, TX 78759-7247

DOMESTIC FILINGS

NAME: SMARTDESK INTERNATIONAL, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea ext 1114
EXAMINER'S INITIALS _____

RECEIVED
03 JAN 27 AM 8:40
DIVISION OF CORPORATION