

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000067627

1. Entity Name  
SMART BIOMETRICS, INCORPORATED



Principal Place of Business  
262 ABBOTT AVENUE  
LAKE MARY, FL 32746

Mailing Address  
P.O. BOX 953623  
LAKE MARY, FL 32795

FILED

05 SEP 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*



2. Principal Place of Business

3. Mailing Address

09202005 REIN-P CR2E098 (6/04)

4. FEI Number  
59-3660822

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

KEOGH, COLIN  
2139 KEWANNEE TRAIL  
CASSELBERRY, FL 32707

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME KEOGH, COLIN  
STREET ADDRESS 2139 KEWANNEE TRAIL  
CITY-ST-ZIP CASSELBERRY, FL 32707

TITLE VP ☐ Delete  
NAME KEOGH, KYLE  
STREET ADDRESS 262 ABBOTT AVENUE  
CITY-ST-ZIP LAKE MARY, FL 32750

TITLE ST ☐ Delete  
NAME KEOGH, JEAN  
STREET ADDRESS 262 ABBOTT AVENUE  
CITY-ST-ZIP LAKE MARY, FL 32750

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 400059305324  
CITY-ST-ZIP 09/26/05--01002--004 \*\*\$50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-20-05 321-356-6585  
Date Daytime Phone #