

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 88668

1. Corporation Name

Smartcomm USA Inc

REINSTATEMENT 03

600024275896
11/20/03--01022--007 **158.75

2. Principal Office Address

2392 Appalachian Dr

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 361297

Suite, Apt. #, etc.

City & State

Melbourne FL

City & State

Melbourne FL

Zip

32935

Country

Brevard

Zip

32936

Country

Brevard

4. Date Incorporated or Qualified
To Do Business in Florida

9-18-2000

5. FEI Number

59-3671626

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

Corporate Creations Network Inc.

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

941 Fourth Street

Suite, Apt. #, Etc.

200

City

Miami Beach

State

FL

Zip Code

33139

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

Date

REGISTERED AGENT MUST SIGN

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
D	Biljan, John M	2392 Appalachian Dr	Melbourne FL 32935
D	Kishikawa, George J	2392 Appalachian Dr	Melbourne FL 32935

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:

John M Biljan

John M. Biljan

11-14-03

321-537-8659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (10/02)

SMARTCOMM USA INC

November 14, 2003

Department of State
Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

Dear Department of Corporations,

Please find enclosed our corporation reinstatement form for SmartComm USA Inc. We moved to a new location and either did not receive the forms or they were misplaced in the moving process. Enclosed is a payment of \$150.00 for the reinstatement as well as \$8.75 for a Certificate of Good Standing.

We are in the process of opening an Office in California and need to provide them the Certificate of Good Standing with the State of Florida.

Please send the certificate to the following address.

SmartComm USA
PO BOX 361297
Melbourne FL 32936

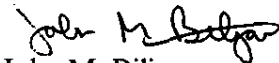
SMARTCOMM INFORMATION

Florida Document # P00000088668
EIN # 59-3671626

If you have any questions or need any additional information please feel free to contact me at 321-537-8659

Thank you in advance for your attention to this matter.

Best Regards,


John M. Biljan
President