PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

APPLICATION

SIGNATURE:

FOR AS

| REINSTREMENT | Secretary of S | | 51,6 | AFIARY OF | alni. | | |
|--|--|--|--|--|---------------|--|--|
| DOCUMENT # P0000104092 | | | OI DEC 12 PM 2:47 | | | | ************************************** |
| SMOOTHIE EXPRESS, INC. | | | | ., | - 7 | | |
| Principal Place of Business 4460 HODGES BOULEVARD | Mailing Address 4460 HODGES BOULEVARD UNIT #1511 | 60 HODGES BOULEVARD | | | | | |
| JACKSONVILLE FL 32224 | JACKSONVILLE FL 32224 | No. 17 Agence | | <u>.</u> . | - | O CONTRACTO | 4 |
| If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable 1. 2. 00 | 3. New Mailing Office Address, If | correction below. | Date Incorp To Do Busin | orated or Qualified ness in Florida | 11/07 | /2000 | |
| Suite: Apt; #: etc. ; City & State St Pate FL. | City & State | | 5. FEI Number Applied For Not Applicable | | | | - |
| ² 33716 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | Zip Counti | | | E OF STATUS DESIRE | | Additional Fee required Certificate of Status | |
| 7. Names and Street Addresses of Each Officer a Title(s) Name of Officers and/or Directors | Str | reet Address of Each fficer and/or Directo | 1 | 4 | City / State | / Zip | |
| PSTD WOLGEMUTH, JASON D 4460 HODGES | | BOULEVARD UNIT | | | | | |
| | | | | 00047 -12/24/0 | 361 71-010 | 451 02002 | - : |
| | | | ····· | ****150 | J.UU ** | ***150.00 | - |
| | | | | | M | $n \downarrow 20$ | - |
| | | | | | ф | | |
| Name and Address of Current Registered Agent Name | | | 9. Name and | Address of New Re | gistered Age | ent | CR2E040 (8/01) |
| SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE | Street Address (| Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| CORAL GABLES FL 33134 | | Suite, Apt. #, Etc | Suite, Apt. #, Etc. | | | |]5 |
| Service of the servic | | City | | | State 2 | Zip Code | |
| 10. I, being appointed the registered agent of the | above named corporation, am familiar v | with and accept the o | obligations of Sec | tion 607.0505, F.S. | | • | |
| Signature of Registered Agent | Date | | | | | | |
| | REGISTERED AGENT MUST SIGN | | | · · · · · · · · · · · · · · · · · · · | | | 1 |
| 11. I certify that I am an officer or director or the rethis reinstatement application, the reason for cowed by the corporation have been paid and on this application is true and accurate, and mentions. | fissolution has been eliminated, the com the names of individuals listed on this fo | porate name satisfie orm do not qualify fo | s the requirement r an exemption ur | s of section 607.040 | 1 or 617.0401 | , F.S., that all fees | |
| 1 | | • | | | 6 | | |

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