

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 OCT 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000111367

1. Corporation Name

Smartworxx, Inc.

2. Principal Office Address

1294 W. Corktree Circle

Suite, Apt. #, etc.

City & State

Pt. Charlotte, Fl.

Zip
33952

Country
U.S.

3. Mailing Office Address

1294 W. Corktree Circle

Suite, Apt. #, etc.

City & State

Pt. Charlotte, Fl.

Zip
33952

Country
U.S.

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

12/15/200

5. FEI Number

65-1065935

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

Angela Collins

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

1294 W. Corktree Circle

Suite, Apt. #, Etc.

City

Pt. Charlotte

State
FL

Zip Code
33952

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 09-24-03

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
Dir.	Angela Collins	1294 W. Corktree Circle	Port Charlotte, Fl. 33952

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:

Angela Collins

Angela Collins

09/24/03

941-380-3846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)