PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

17 NOV -6 PM 5:26

800305417698

DOCUMENT # P00000111739

CR2E081 (11/10)

1. Corporation Name
SmartCOP, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
180 N. Palafox Street	1 Antares Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 400
City & State	City & State
Pensacola, FL	Ottawa, ON
Zip / Country	Zip / Country
32502-4839 / USA	K2E8C4 / Canada

4. Date Incorporated or Qualified To Do Business in Florida
11/20/2000

5. FEI Number
59-3668195 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road, Broward County

Suite, Apt. #, Etc.

City / State / Zip Code
Plantation / FL / 33324

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: James M. Halpin
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 11/6/2017

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
Secretar	Todd Richardson	1 Antares Drive, Suite 400	Ottawa, ON K2E8C4 Canada
Directo	Jeff Bender	1 Antares Drive, Suite 400	Ottawa, ON K2E8C4 Canada
Officer	Michael Walters	1 Antares Drive, Suite 400	Ottawa, ON K2E8C4 Canada

REINSTATEMENT

10. E-mail Address: bbecirovic@harriscomputer.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Michael Walters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/3/2017

Daytime Phone #: 613-226-5511

FL010 - 05/17/2013 Wolters Kluwer Online

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724
850-508-1891 (cell)

Date: 11/6/17

ACCT. I20160000072

Name:	SMARTCOP, INC.
Document #:	
Order #:	10703236

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing:

Certified:

Plain:

COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 758.75

Thank you!

RECEIVED
17 NOV -7 AM 2:00