

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUN -6 PH 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000028930

1. Corporation Name

SMART LOYALTY CARD, INC.

REINSTATEMENT 02-03

600020552876
06/06/03--01004--018 **50.00

600020552876
06/06/03--01004--017 **1000.00

2. Principal Office Address

401 S.E. 49 Ave.

3. Mailing Office Address

401 S.E. 49 Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip 34471

Country MARION

Zip 34471

Country MARION

4. Date incorporated or Qualified
To Do Business in Florida

03/16/01

5. FEI Number

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

CRAIG C. BAGGS

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

401 S.E. 49th AVENUE

Suite, Apt. #, Etc.

City

OCALA,

State
FL

Zip Code

34471

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

Craig C. Baggs

REGISTERED AGENT MUST SIGN

Date

5/5/03

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
P/S/T	CRAIG C. BAGGS	401 S.E. 49th AVE.	OCALA, FL 34471

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:

Craig C. Baggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/03

Date

352-732-8800

Daytime Phone #

CR2E081 (10/02)

8/6/06