

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 31 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000027830

1. Corporation Name

Onspan Smarthouse, Inc

2. Principal Office Address
1515 N Federal Hwy

3. Mailing Office Address
1515 N Federal Hwy

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

City & State
Boca Raton, FL

City & State
Boca Raton, FL

Zip
33432

Country

Zip
33432

Country

REINSTATEMENT 03.05

**4. Date Incorporated or Qualified
To Do Business in Florida** 3/13/02

5. FEI Number
30-0058958

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
Marissa Demer

Street Address (P.O. Box Number is Not Acceptable)
1515 N Federal Hwy

Suite, Apt. #, Etc.
Suite 300

City
Boca Raton

State
FL

Zip Code
33432

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

Marissa Demer

Date 5/23/05

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	Herbert Tabin	1515 N Federal Hwy, Ste 300	Boca Raton, FL 33432

500055542125
05/31/05--01085--011 **1058.75

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:

Herbert Tabin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/05

Date

561-864-1084

Daytime Phone #

CR2E081 (01/05)