

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

05 DEC -8 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000123514

1. Corporation Name

CSMART SOLUTIONS, INC

2. Principal Office Address

303 BLANDING BLVD

Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

3. Mailing Office Address

1177 PARK AVE STE 5

Suite, Apt. #, etc.

PMB 193

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

REINSTATEMENT

DB-05

4. Date Incorporated or Qualified
To Do Business in Florida

11/18/2002

5. FEI Number

01-0754388

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

Henry J. Leander

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

303 Blanding Blvd

Suite, Apt. #, Etc.

City

Orange Park

State

FL

Zip Code

32073

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

Henry J. Leander

Date

12-5-05

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	HENRY J. LEANDER	303 BLANDING BLVD	ORANGE PARK, FL 32073

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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:

Henry J. Leander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/05

Date

904-509-5807

Daytime Phone #

K. Ekel DEC 09 2005