

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 11 AM 9:19

DOCUMENT # P02000127369	
1. Entity Name SMARTX, INC.	



Principal Place of Business 1100 S FED HWY STE 4 BOYNTON BEACH, FL 33435	Mailing Address 1100 S FED HWY STE 4 BOYNTON BEACH, FL 33435
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2. Principal Place of Business PO BOX 477 Suite, Apt. #, etc.	3. Mailing Address PO BOX 477 Suite, Apt. #, etc.
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City & State BUFFALO, NY	City & State BUFFALO, NY
Zip 14201	Zip 14201



05042006 REIN-P CR2E098 (11/05)

4. FEI Number 48-1287791	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAPPELLA, ARTHUR Y 1400 S FEDERAL HWY SUITE 4 BOYNTON BEACH, FL 33435	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9450 NW 5 ST City PENSACOLA PINES FL Zip Code 33024
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKULEC, CONRAD 92 D WINDWOOD COURT CHEEKTOWAGA, NY 14225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPPELLA, ARTHUR 1100 S FEDERAL HWY STE 4 BOYNTON BEACH, FL 33435 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300077522533 07/14/06--01033--024 **900.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	INVESTMENT 125-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #