

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000028071

1. Entity Name
SMITH INTERNATIONAL CORP



FILED

2006 SEP 27 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09262006 REIN-P CR2E098 (11/05)

Principal Place of Business
1401 NW 78 AVE
SUITE 202
MIAMI, FL 33126

Mailing Address
1401 NW 78 AVE
SUITE 202
MIAMI, FL 33126

2. Principal Place of Business
7758 NW, 46 St.
Suite, Apt. #, etc.

3. Mailing Address
7758 NW, 46 St.
Suite, Apt. #, etc.

City & State
MIAMI - Florida
Zip
33166
Country
U.S.A.

City & State
MIAMI - Florida
Zip
33166
Country
U.S.A.

4. FEI Number
APPLIED FOR
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PINEDA, ASTRID
7926 NW 12 STREET
SUITE 318
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name
Gilberto Uribe
Street Address (P.O. Box Number is Not Acceptable)
7758 NW, 46 St.
City
MIAMI
FL
Zip Code
33166

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/26/06
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
URIBE, GILBERTO
1401 NW 78 AVE SUITE # 202
MIAMI, FL 33126 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
7758 NW, 46 St.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MIAMI - FL - 33166 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300080389912
10/03/06--01034--008 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 #

9/27/06