PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2004

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 10 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000128543

1. Corporation Name
Smashers, Inc.

2. Principal Office Address	**3.** Mailing Office Address
11546 57th Road	11546 57th Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: West Palm Beach, FL	City & State: West Palm Beach, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

300035808073
05/10/04--01050--022 **150.00

4. Date Incorporated or Qualified To Do Business in Florida: November 1, 2003

5. FEI Number: 45-0526272 ☐ 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: Michael Armstrong

Street Address (P.O. Box Number is Not Acceptable): 11546 57th Road

Suite, Apt. #, Etc.:

City: West Palm Beach State: FL Zip Code: 33411

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: _____ Date: May 4, 2004

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
P	Michael Armstrong	11546 57th Road	West Palm Beach, FL 33411

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: _____ Michael Armstrong May 4, 2004 561-784-3943

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

B2yR

SMASHERS, INC.

11546 57th Road North
West Palm Beach, FL 33411
(561) 798-3362
(561) 383-6874 fax

May 4, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

My company, Smashers, Inc., became incorporated on November 1, 2003. We were told to expect forms in the mail for renewal of the corporation in January or early February and when it arrived to file for renewal. The form never arrived and we had nothing with which to renew with. I called the Secretary of State today and they informed me that I should write this letter and advise you of the circumstances and to file a reinstatement form enclosed along with a check for renewal of $150.00, which is also enclosed. Thank you for understanding and processing.

Sincerely yours,

Michael Armstrong, President
Smashers, Inc.