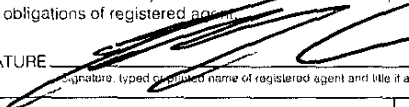
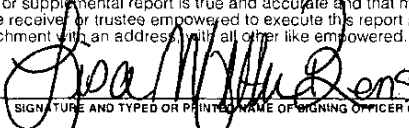


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 22 PM 4:05

DOCUMENT # P03000129083					
1. Entity Name SMART BROAD INC.					
Principal Place of Business 2054 PALM VISTA DR. APOPKA, FL 32712 US			Mailing Address 2054 PALM VISTA DR. APOPKA, FL 32712 US		
2. Principal Place of Business 4800 NORTH FEDERAL HWY. Suite, Apt. #, etc. 305-B		3. Mailing Address 4800 NORTH FEDERAL HWY. Suite, Apt. #, etc. 305-B			
City & State BOCA RATON, FL		City & State BOCA RATON FL		4. FEI Number 26-0078389	
Zip 33431		Country PALM BEACH		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MITTER-BENS, LISA 2054 PALM VISTA DR APOPKA, FL 32712			7. Name and Address of New Registered Agent Name: EDWARD A. GUARINI, JR., P.A. Street Address (P.O. Box Number is Not Acceptable): 4800 NORTH FEDERAL HWY. #305-B City: BOCA RATON FL Zip Code: 33431		
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:  PRES. EDWARD A. GUARINI JR., PRES 10-15-04 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MITTLER-BENS, LISA A 2054 PALM VISTA DR. APOPKA, FL 32712	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES./TRES./DIR/SEC MITTLER-BENS, LISA A 4800 NORTH FEDERAL HWY, #305-B BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042101331 10/22/04--01030--013 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PRES			10-15-04 407-925-6986		

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