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	Mailing Address
2054 PALM VISTA DR. APOPKA, FL 32712 US	2054 PALM VISTA DR. APOPKA, FL 32712 US

10122004 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
4800 NORTH FEDERAL HWY	4800 NORTH FEDERAL HWY
Suite, Apt. #, etc.: 305-B	Suite, Apt. #, etc.: 305-B
City & State: BOCA RATON, FL	City & State: BOCA RATON FL
Zip: 33431 Country: PALM BEACH	Zip: 33431 Country: PALM BEACH

4. FEI Number: 26-0078389 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MITTER-BENS, LISA 2054 PALM VISTA DR APOPKA, FL 32712	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PRES ☐ Delete	TITLE	PRES./TRES./DIR/SEC ☒ Change ☐ Addition
NAME	MITTLER-BENS, LISA A	NAME	MITTLER-BENS, LISA A.
STREET ADDRESS	2054 PALM VISTA DR.	STREET ADDRESS	4800 NORTH FEDERAL HWY, #305-B
CITY-ST-ZIP	APOPKA,, FL 32712	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	100042101331
STREET ADDRESS		STREET ADDRESS	10/22/04--01030--013 **158.75
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Lisa Mittler Bens PRES 10-15-04 407-925-6988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/25 ☑