2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000129083

1. Entity Name
SMART BROAD INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 OCT 22 PM 4:05

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 [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 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	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042101331 10/22/04--01030--013 **158.75	☐ 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
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 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