2005 FOR PROFIT CORPORATION REINSTATEMENT

	REINSTATEMENT					FILED			
DOCUMENT # P03000147591					English English				
1. Entity Nam SM-TECH	ie				05 APR -4 PM 7: 46				
				SCOUL LORY OF STATE					
Principal Place of Business Mailing Address					SECHLIARY OF STATE TALLAHASSEE, FLORIDA				
	FLAGLER ST., STE. 206	8946 WEST FLAGLER ST., STE. 206				IALLA	((1)		
MIAMI, FL 33174 MIAMI, FL 33174									
						<b>                                      </b>			
2. Principal Place of Business ORKIN.WATERWAY DR. 0714N.WATERWAY DR.									
Suite, Apt.		Suite, Apt. #, etc.			03242005	REIN-P	CR2E098 (6/04	41	
A: 10:		0: 10:			4. FEI Numbe		<u> </u>	<u> </u>	
City & State		City & State MIAMI,	FLORID	LORIDA		Applied For Not Applicable			
Zip 2215	Country	22355	Country		5. Certificate	of Status Desired	□ \$8.75 A		
- <u>-</u>	6. Name and Address of Curren	Registered Agent	agistered Agent		7. Name and Address of New Registered Agent				
Name									
	I. LACHTERMAN, P.A. KELL AVE., STE. 750		Street	Address (	P.O. Box Numbe	er is Not Acceptable	•)		
MIAMI, FL 33131									
			City				FL Zip C	ode	
8. The above	named entity submits this statement f	or the ourgose of changing its	registered office	or register	red agent, or hot	h in the State of Flo		th, and accent	
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 3/24/05									
Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
FILE NOW!!! FEE IS \$300.00							vith s. 607.193(2)(t not receive the pric		
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 11	
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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 appurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director									
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 employered 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 priner like empowered.									
Carllo. All.1.1									
SIGNATURE: (305) 450-044									
SIGNATURE AND TYPED OF PAINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Prone #									