2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED **DOCUMENT # P04000126379** 07 MAR 12 PM 1:50 SMARTFLEET, INC. SECKLIARY OF STAIL TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address P.O. BOX 13209 P.O. BOX 13209 TALLAHASSEE, FL 32317 TALLAHASSEE, FL 32317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 30-0290348 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOBODOWSKI, JOSEPH J Street Address (P.O. Box Number is Not Acceptable) 1811 HOOT OWL HILL TALLAHASSEE, FL 32317 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. FILE NOW!!! FEE IS \$300.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition SOBODOWSKI, JOSEPH J NAME NAME 300093747593 STREET ADDRESS P.O. BOX 13209 STREET ADDRESS 03/19/07--01059--016 **308.75 TALLAHASSEE, FL 32317 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP Delete □ Change TITLE TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ___ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TILLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS K Eckel MAR 1 2 2007 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: E OF BIGNING OFFICER OR DIRECTOR Date Daytime Phone