


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000163708		
1. Entity Name SMARTCO, INC.		

Principal Place of Business 2101 NW CORPORATE BLVD. BOCA RATON, FL 33431	Mailing Address 2101 NW CORPORATE BLVD. BOCA RATON, FL 33431
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
GILWIT, MARK 2101 NW CORPORATE BLVD. BOCA RATON, FL 33431	

FILED

06 JAN 11 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



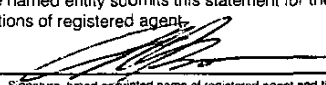
REINSTATEMENT 05

4. FEI Number
34-2042500

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

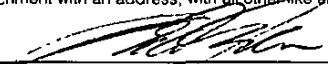
SIGNATURE:  DATE: 12/30/05

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D GILWIT, MARK 2101 NW CORPORATE BLVD. BOCA RATON, FL 33431	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
NAME		NAME	400064014634
STREET ADDRESS		STREET ADDRESS	01/19/06--01007--009 **150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	S HERTZ, SCOTT 2101 NW CORPORATE BLVD. BOCA RATON, FL 33431	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	NAME STREET ADDRESS CITY-ST-ZIP
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	NAME STREET ADDRESS CITY-ST-ZIP
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 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:  MARK GILWIT 12/30/05 561-999-0988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR