

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000169580

Entity Name: SMACVIEW,INC

FILED
Nov 28, 2009
Secretary of State

Current Principal Place of Business:

1440 CORAL RIDGE #272
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1440 CORAL RIDGE #272
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 20-2030583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLERVRAIN, MANETIRONY
1440 CORAL RIDGE
SUITE 272
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

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.

SIGNATURE: M CLERVRAIN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MANETIRONY, CLERVRAIN
Address: 1440 CORAL RIDGE #272
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP () Delete
Name: CLERVRAIN, ROODE A
Address: 1440 CORAL RIDGE #272
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: CLERVRAIN, SHAMEEL M
Address: 1440 CORAL RIDGE #272
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: CLERVRAIN, MANEILA A
Address: 1440 CORAL RIDGE #272
City-St-Zip: CORAL SPRINGS, FL 33071

Title: O (X) Delete
Name: CLERTECH.COM,INC
Address: 3500 N STATE RD 7 100-D
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: D (X) Delete
Name: CLERSOFT BUSINESS SOLUTION,INC
Address: 3500 N STATE RD 7 290
City-St-Zip: LAUDERDALE LAKES, FL 33319

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANETIRONY CLERVRAIN

P

11/28/2009

Electronic Signature of Signing Officer or Director

Date