PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN 11 PM 1:17
DOCUMENT # P05000052292		SEGNETION - PSTATE TALLAHASSEE, FLORIDA
Smooth Ceutz, Inc.		
2. Principal Office Address - No P.O. Box # 22539 SW 103rd Avenue		CR2E081 (1/07)
Suite, Apt, #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 4805
City 8 State, Mamil , T.	City & State Miami, FL	5. FEI Number Applied For Applicable
33190 Country USA	33190 Country USA	CERTIFICATE OF STATUS DESIRED 1 Sec.75 Additional Fee required for a Certificate of Status
Name Land Rulż Street Address (P.O. Box Number is Not Acceptable) 22839 Sul 10300 Auc Suite, Apt. #, Etc. City Miail State Zip Code FL 33190		The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 1/9/08		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P. Lary Ruiz	22539 SW 100rds	Avenue Miani, fi 33190
	<u>, </u>	
REINSTATEMENT 01/11/0801004016 ***300.00		
RH		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Phone #		