

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000093146

**FILED**  
**Oct 12, 2007**  
**Secretary of State**

**Entity Name:** GET SMOKED, INC.

**Current Principal Place of Business:**

4003 W. OHIO AVE.  
TAMPA, FL 33616

**New Principal Place of Business:**

924 BUNKER VIEW DRIVE  
APOLLO BEACH, FL 33572

**Current Mailing Address:**

4003 W. OHIO AVE.  
TAMPA, FL 33616

**New Mailing Address:**

924 BUNKER VIEW DRIVE  
APOLLO BEACH, FL 33572

**FEI Number:** 20-3078054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SERINO, LESLIE G  
1210 VERSANT DRIVE  
#104  
BRANDON, FL 33511 US

**Name and Address of New Registered Agent:**

ALYXZANDER ACCOUNTING AND TAX SERVICES  
114 W BLOOMINGDALE AVE  
BRANDON, FL 33511 US

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: COLETTE A GIORDANO

10/12/2007

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: KAPINOS, PETER  
Address: 4003 W. OHIO AVENUE  
City-St-Zip: TAMPA, FL 33616 US

Title: VP ( ) Delete  
Name: ENGEL, CRAIG  
Address: 629 GOLF AND SEA BLVD  
City-St-Zip: APOLLO BEACH, FL 33572 US

Title: T ( ) Delete  
Name: KAPINOS, PETER  
Address: 4003 W. OHIO AVENUE  
City-St-Zip: TAMPA, FL 33616

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: ENGEL, CRAIG  
Address: 924 BUNKER VIEW DR  
City-St-Zip: APOLLO BEACH, FL 33572 US

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: CRAIG S. ENGEL

VP

10/12/2007

Electronic Signature of Signing Officer or Director

Date