

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P05000129985

1. Corporation Name  
**SMART SEPUL CORPORATION**

2. Principal Office Address - No P.O. Box #  
**2121 PONCE DE LEON BLVD**

3. Mailing Office Address  
**2121 PONCE DE LEON BLVD**

Suite, Apt. #, etc.  
**SUITE 240**

Suite, Apt. #, etc.  
**SUITE 240**

City & State  
**CORAL GABLES, FL**

City & State  
**CORAL GABLES, FL**

Zip  
**33134**

Country  
**US**

Zip  
**33134**

Country  
**US**

4. Date incorporated or Qualified  
To Do Business in Florida

**09/21/2005**

5. FEI Number  
**680614997**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**PRATS FERNANDEZ & CO**

Street Address (P.O. Box Number is Not Acceptable)  
**2121 PONCE DE LEON BLVD**

Suite, Apt. #, Etc.  
**SUITE 240**

City  
**CORAL GABLES**

State  
**FL**

Zip Code  
**33134**

**PROFIT CORPORATIONS ONLY**

☐ The \$600.00 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 x *[Signature]*  
REGISTERED AGENT MUST SIGN

Date **05/27/2010**

**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	MARIA OLGA MARTINEZ	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES, FL 33134
T	SANDRA SEPULVEDA M	2121 PONCE DE LEON BLVD SUITE 240	CORAL GABLES, FL 33134

10. E-mail Address: **carosep@hotmail.com**

(To be used for future annual report notification)

11. 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 filing 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. I further certify 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]* **Sandra Carolina Sepulveda M.** 05/20/2010 3058482584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

10 JUN -7 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50018177885  
06/07/10--01066--015 \*\*1050.00

REINSTATEMENT 08-10