


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000123543		
1. Entity Name SMOOTHIE ALLEY, INC.		

FILED

08 DEC -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FL 32399

Principal Place of Business 2943-2939 SE 5TH STREET FORT LAUDERDALE, FL 33316 US	Mailing Address 2943-2939 SE 5TH STREET FORT LAUDERDALE, FL 33316 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1939 Hollywood Blvd</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>Hollywood FL</i>	City & State <i>Hollywood FL</i>
Zip <i>33020</i>	Country <i>USA</i>



REINSTATEMENT 08

4. FEI Number <i>26-1407754</i>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CLONEY, CHRISTOPHER C ESQ. 661 BREVARD AVENUE COCOA, FL 32922		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,D SMITH, GARY W 2943-2939 SE 5TH STREET FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700138326737 12/01/08--01044--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANNARD, CARL 2943-2939 SE 5TH STREET FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gary Smith* *11/25/08* *954*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *862-2699*

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