

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2019 MAR 20 AM 10:58

DOCUMENT # 7P16000048491

1. Corporation Name

Smart Way, Inc.

300326689463
03/20/19--01011--001 **1085.00

CR26081 (11/10)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1720 Nw 22 Ct

1790 S. State Rd 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit 8

Apt 203

City & State

City & State

Pompano Beach

N. Lauderdale

Zip

Country

Zip

Country

33069

US

33068

US

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2016

5. FEI Number

81-2863409

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

Karen Cordero

Street Address (P.O. Box Number is Not Acceptable)

1790 S. State Rd 7

Suite, Apt. #, Etc.

Apt 203

City

N. Lauderdale

State

FL

Zip Code

33068

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 03/18/2019

REGISTERED AGENT MUST SIGN

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	Karen Cordero	1790 S. State Rd 7 Apt 203	N. Lauderdale, FL 33068
VP	Karen Cordero	1790 S. State Rd 7 Apt 203	N. Lauderdale, FL 33068

REINSTATEMENT

2017-2019

10. E-mail Address: mysmartwaycars@gmail.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/2019

786-797-0709

Date

Daytime Phone #