

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000077709

1. Corporation Name

SMARTCOM, INCORPORATED

Principal Place of Business

8810 SW 131 ST
MIAMI FL 33175
US

Mailing Address

8810 SW 131 ST
MIAMI FL 33175
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

2120 E. Colonial Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

262 Semoran Blvd

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32803

Country

USA

City & State

Casselberry Florida

Zip

32707

Country

USA

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

10/21/1994

5. FEI Number

65-0534416

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	HUYNH, VU	8750 S.W. 48TH STREET	MIAMI FL
TS	LE, QUOC-DZUNG V	7550 S.W. 82ND COURT	MIAMI FL

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-12/03/98--01097--014
****758.75 ****758.75

8. Name and Address of Current Registered Agent

HUYNH, VU
8750 SW 48TH ST.
MIAMI FL 33165

9. Name and Address of New Registered Agent

Name
Quoc-Dzung Vu Le
Street Address (P.O. Box Number is Not Acceptable)
7550 S.W. 82nd Court
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33143

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/98 (407) 339-9395
Date Daytime Phone #

CR20040 (9/98)