

Get Smart
P.O. Box 56-1987
Miami, FL 33256-1987

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -8 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000062646**

1. Corporation Name

GET SMART SH, INC.

2. Principal Office Address

4366 NORTHLAKE BLVD.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 56-1987

Suite, Apt. #, etc.

City & State

PAH BOW GARDENS, FL

City & State

MIAMI, FL

Zip

33410

Country

USA

Zip

33256

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-11-95

5. FEI Number

65-0599251

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

CAROLE BERNSTEIN

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

7995 SW 155th STREET

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33157

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

Carole Bernstein

Date

4/4/04

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
PRES	CAROLE BERNSTEIN	7995 SW 155 ST.	MIAMI, FL 33157

900031199079

03/25/04 01045-017 **1050.00

10. 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:

Carole Bernstein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/2/04 (305)387-0834

Daytime Phone #

CR2E081 (01/04)