

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED

98 JUN 15 PM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000064937

1. Corporation Name
SMART SOLUTIONS MARKETING, INC.

Principal Place of Business
**7154 NORTH UNIVERSITY DRIVE, SUITE 276
FT. LAUDERDALE FL 33321**

Mailing Address
**7154 NORTH UNIVERSITY DRIVE, SUITE 276
FT. LAUDERDALE FL 33321**



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/15/1995	
City & State		City & State		5. FEI Number 65-0735349 APPLIED FOR	
Zip		Country		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	CHESTER, LORI	7154 N. UNIVERSITY DR., #276	FT. LAUDERDALE FL 33321
			500002561985-4 -06/16/98--0112--006 ***300.00 ***300.00
			92-98 B 6/14

8. Name and Address of Current Registered Agent

SCHNAP, GORDON E ESQ
4000 RIVERLAND ROAD
FT. LAUDERDALE FL 33312

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
8950 NW 23rd Street
Suite, Apt. #, Etc.
City **Coral Springs** State **FL** Zip Code **33065**

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 *Gordon E. Schnap* Date **6.2.98**
REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954
6.2.98 726 7070

CR2E040 (8/97)