2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000102321 1. Entity Name SMARTSTREAM INC.							FILED 06 0CT 31 PM 4: 15			
13500 SUTTON PARK DR. S Suite 701 Jacksonville, FL 32224			SUITE 701 Jacksonville, FL 3:	13500 SUTTON PARK DR. S Suite 701 Jacksonville, FL 32224			TALLAHASSEE, FLORIDA			
2. Principal Place of Business 952 Mineral Creek Dr. Suite, Apt. #, etc.			3. Mailing Address GS2 Winc Suite, Apt. #, etc.	952 Mineral Creek Dr.			10252006	REIN-P	CR2E098 (11/05)	0.6
City & State Tacksonville, FL				Jacksonville, FL.			4. FEI Number Applied For 59-3547853 Not Applicable			
3222 3222	225 Deven USA		Zip 32225	32225 US				of Status Desired	See Requir	
13500 SUTTON PARK DR. S 701 JACKSONVILLE, FL 32224							7. Name and Address of New Registered Agent Obert A. Thompson ess (P.O. Box Number is Not Acceptable) Mineral Creek Dr. Lk Son ville FL Zip Code 37225			
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 Signature, hyped or carefed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		EE IS \$150.00 07, Fee will be \$300.0	o					In accordance wit corporation did no	h s. 607.193(2)(b) ot receive the prior	, F.S., the notice.
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	13500 SUT	OFFICERS AND I ON, ROBERT A ITON PARK DR S STE VILLE, FL 32224	☐ Delete	STREET ADDRESS 952			pert A. Minero	CHANGES TO OFFICE Thompson Il Creek Dr. Ille, FC. 32	□ Change	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	JUSTINE ITON PARK DR S STE VILLE, FL 32224	701	STREE	TITLE NAME 5""			иричено Ле 776 61020 -	☐ Change □ SBB = 5	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3		_	Bec Joh 110 Jac	ecretary Change Paddition onn R. Thompson 1082 Creekview Dr. acksonville, FL. 32225					
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ 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: UCCOV U STODING - 10/1/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daylung Phone #										