

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUN 21 PM 12:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000026036**

1. Corporation Name

SMARTCHANGE, INC

2. Principal Office Address

3322 CASSEEKEY ISLAND RD

Suite, Apt. #, etc.

#104

City & State

JUPITER

Zip

33477

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#104

City & State

FL

Zip

33477

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/16/1999

5. FEI Number

59-3564898

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

RAYMOND ZAGER

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

3322 CASSEEKEY ISLAND RD

Suite, Apt. #, Etc.

#104

City

JUPITER

State

FL

Zip Code

33477

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

Raymond Zager
REGISTERED AGENT MUST SIGN

Date **5/15/01**

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.	RAYMOND ZAGER	3322 CASSEEKEY ISLAND RD	JUPITER, FL 33477
SEC'Y	MADALYN ZAGER	3322 CASSEEKEY ISLAND RD	JUPITER, FL 33477

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:

Raymond Zager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/01

Date

561 748-2292

Daytime Phone #

CR2ED81 (9/00)