

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 30 AM 10:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **G94133**

1. Corporation Name
SMOOT ADAMS EDWARDS & GREEN, P.A.

Principal Place of Business	Mailing Address
12800 UNIVERSITY DRIVE, STE 600 P.O. BOX 06259 FT MYERS FL 33907	12800 UNIVERSITY DRIVE, STE 600 P.O. BOX 06259 FT MYERS FL 33907



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

2. New Principal Office Address, If Applicable P.O. Box 60259 Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable P.O. Box 60259 Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 03/30/1984	
City & State		City & State		5. FEI Number 59-2397224	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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	SMOOT, J. TOM, JR.	12800 UNIVERSITY DR, 600	FT MYERS FL
CEOD	EDWARDS, CHARLES B.	12800 UNIVERSITY DRIVE, 600	FT. MYERS FL
S TD	GREEN, BRUCE D.	12800 UNIVERSITY DR.--#600	FT. MYERS FL
DV	ADAMS, HAL	12800 UNIVERSITY DR, 600	FT MYERS FL
V D	WINER, STEVEN I.	12800 UNIVERSITY DR, 600	FT MYERS FL
VD	KOMRAY, MARK R.	12800 UNIVERSITY DR.--#600	FT. MYERS FL

8. Name and Address of Current Registered Agent GREEN, BRUCE D. 12800 UNIVERSITY DR, STE 600 FT. MYERS FL 33907		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400002703984--7 Suite, Apt. #, Etc. 12704798--01113--011 City ***758.75 State FL Zip Code ***758.75	
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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 [Signature] **NATURE REQUIRED** Date November 23, 1998
 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] **NATURE REQUIRED** November 23, 1998 (941) 489-1776
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E940 (988)