PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 15 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000056704**

1. Corporation Name

SMOAK CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
8386 AUSTIN RD MELROSE FL 32666	8386 AUSTIN RD MELROSE FL 32666

REINSTATEMENT 03

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/05/2000

5. FEI Number: 59-3658179 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $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	4 City / State / Zip
D	SMOAK, KIMBERLY M	8386 AUSTIN RD	MELROSE FL 32666
D	SMOAK, THOMAS K	8386 AUSTIN RD	MELROSE FL 32666

600023821036
10/15/03--01062--012 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SMOAK, THOMAS K 8386 AUSTIN RD MELROSE FL 32666	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE [signature] Date: 10/14/03

REGISTERED AGENT MUST SIGN

11. 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 Thomas K. Smoak 10/14/03 352 494 1431

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Smoak Construction, Inc.

8386 Austin Road ♦ Melrose, Florida 32666 ♦ CB-C059563
Phone 352-475-5718 ♦ Fax 352-475-1905 ♦ Email KSMOAK@aol.com

To: Florida Dept. of State
Division of Corporations

Ref: Reinstatement of Corp.

To whom it may concern,

I called your office on 10-13-2003 about the dissolution notice I received. The person I talked to advised me to write this letter of explanation and to send $150.00 and I would be reinstated.

My accountant, Maggie Cooper, sent a check after the May 1 deadline for my corp. fees. There was a problem with the mail and we did not get a notice before the deadline. The check she sent was in her name so it might not have gotten posted to my corp. for that reason.

Enclosed is a check for the $150.00 fee plus $8.75 for a cert. of status.

Thank you,

Thomas K. Smoak, Pres.