


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000121927 1. Entity Name BEV SMITH OF FORT PIERCE II, INC.	
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FILED
07 OCT 18 AM 9:42
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1210 NORTHLAKE BLVD. LAKE PARK, FL 33403	Mailing Address 1210 NORTHLAKE BLVD. LAKE PARK, FL 33403
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2. Principal Place of Business - No P.O. Box # 5655 U.S. Highway #1 Suite, Apt. #, etc.	3. Mailing Address 5655 U.S. Highway #1 Suite, Apt. #, etc.
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REINSTATEMENT 1012 (1/07) 07

City & State Ft. Pierce, FL	City & State Ft. Pierce, FL		
Zip 34982	Country USA	Zip 34982	Country USA

4. FEI Number 20-3422193	<input type="checkbox"/> Approved <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, NICHOLAS S 1210 NORTHLAKE BLVD. LAKE PARK, FL 33403	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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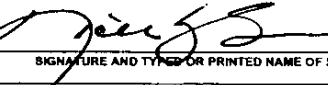
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **NICHOLAS S. SMITH, PRES.** **10-17-07**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, NICHOLAS S			NAME			
STREET ADDRESS	1210 NORTHLAKE BOULEVARD			STREET ADDRESS	700110971477		
CITY-ST-ZIP	LAKE PARK, FL 33403			CITY-ST-ZIP	10/18/07--01055--005 **150.00		
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, NICHOLAS S			NAME			
STREET ADDRESS	1210 NORTHLAKE BOULEVARD			STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK, FL 33403			CITY-ST-ZIP			
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CITY-ST-ZIP	LAKE PARK, FL 33403			CITY-ST-ZIP			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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  **NICHOLAS S. SMITH, PRES.** **10-17-07** ⁵⁶¹ 8452900
Signature and typed or printed name of signing officer or director Date Daytime Phone #