


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 17 AM 10:40

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000076843

1. Corporation Name  
Adam M Smith, Inc

2. Principal Office Address - No P.O. Box #  
600 University Office Blvd  
Suite, Apt. #, etc. ste 600  
City & State Pensacola, FL  
Zip 32504 Country USA

3. Mailing Office Address  
600 University Office Blvd  
Suite, Apt. #, etc. ste 600  
City & State Pensacola, FL  
Zip 32504 Country USA

**REINSTATEMENT** 05-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida 07-15-2002

5. FEI Number 113643875 Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name Huey Walsh  
Street Address (P.O. Box Number is Not Acceptable) 600 University Office Blvd  
Suite, Apt. #, Etc. suite 600  
City Pensacola State FL Zip Code 32504

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 [Signature] Date 7-24-07  
REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Dwight Nichols</u>	<u>1812 Burntwood Dr. E</u>	<u>Alabama, Mobile, 36609</u>

\$38.75 07/31/07 01021 014 \$308.75  
500108474525  
08/21/07--01046--013 \*\*150.00

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 contained in Chapter 119, 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] Date 7-24-07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #