PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED FLORIDA DEPARTMENT OF STATE CORPORATION 07 AUG 17 AM 10: 40 Secretary of State REINSTATEMENT HALLAMASSEE, FLORIDA DIVISION OF CORPORATIONS 102000076843 **DOCUMENT#** 1. Corporation Name M Smith Inc 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 600 University Office Blud 600 University Office Blud Suite, Apt. #, etc 4. Date Incorporated or Qualified To Do Business in Florida 5. FEL Number 6. CERTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name The reinstatement fee is imposed, except in uer circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement 600 fee be waived. City Zip Code 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip 1812 Burntwood 67 31 07 \$308.75 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-24-07

Daytime Phone #