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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP
Account Number : I20000000025
Phone : (407)481-5800
Fax Number : (407)481-5801

CORPORATION REINSTATEMENT

SMYTH ENTERPRISES, INC.

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAY 26 P 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

DOCUMENT # 134206

1. Corporation Name

SMYTH ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
9494 Shortleaf Ct.		P.O. Box 608464	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Apopka, FL		City & State: Orlando, FL	
Zip: 32703	Country: USA	Zip: 32860	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 4/06/1937

5. FEI Number: 590453615 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: DONALD SMYTH, JR.

Street Address (P.O. Box Number is Not Acceptable): 9494 Shortleaf Ct.

Suite, Apt. #, Etc.

City: Apopka, FL — State: FL — Zip Code: 32703

☑ 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.

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 _____ Date 5-12-09

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
P	DONALD SMYTH, JR.	9494 Shortleaf Ct.	APOPKA, FL 32703
STD	JAMES R. SMYTH	9494 Shortleaf Ct.	APOPKA, FL 32703
V	KENNETH M. SMYTH	9494 Shortleaf Ct.	APOPKA, FL 32703
V	MICHAEL D. SMYTH	9494 Shortleaf Ct.	APOPKA, FL 32703
		REINSTATEMENT	
		08-09	

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: _____ PRESIDENT — 5-12-09 — (407) 291-9557

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

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