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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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Page Count	01
Estimated Charge	\$900.00

\$300.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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2009 MAY 26 P 1:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/08)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 134206

1. Corporation Name

SMYTH ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #
9494 Shortleaf Ct.

3. Mailing Office Address
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 \$5.75 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

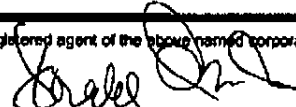
State
FL

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)

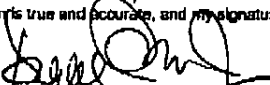
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DONALD SMYTH, JR.	9494 Shortleaf Ct.	APOPKA, FL 32703
STD	JAMES R. SMYTH	9494 Shortleaf Ct.	APOPKA, FL 32703
V	KENNETH M. SMYTH	9494 Shortleaf Ct.	APOPKA, FL 32703
V	MICHAEL D. SMYTH	9494 Shortleaf 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-12-09

Date

(407) 291-9557

Daytime Phone #