

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 APR 15 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 343581

1. Corporation Name

SMITH PACKAGING & EQUIPMENT INC

Principal Place of Business

2931 MERCURY RD  
JACKSONVILLE FL 32207

Mailing Address

2931 MERCURY RD  
JACKSONVILLE FL 32207



400016081404  
04/15/03--01023--001 \*\*300.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/25/1969

5. FEI Number

59-1289896

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	SMITH, LAWRENCE I.	11628 LOIS CROSS DR.	JACKSONVILLE FL
VD	SMITH, RICHARD L.	5449 SHARON TERRACE	JACKSONVILLE FL
CD	SMITH, SARA L.	6805 GREENFERN LANE	JACKSONVILLE FL
SD	SMITH, CHARLES L.	3853 MUIRFIELD BLVD E	JACKSONVILLE FL

8. Name and Address of Current Registered Agent

Kim Hubbard  
HOWARD, TIMOTHY  
3128 BEACH BLVD.  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name  
CONNER, Hubbard & Company, P.A.  
Street Address (P.O. Box Number is Not Acceptable)  
3128 BEACH BLVD  
Suite, Apt. #, Etc.  
City  
Jacksonville  
State  
FL  
Zip Code  
32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 4-11-03

11. 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 under section 119.07(3)(i), 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.

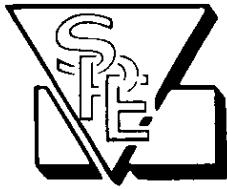
SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03  
Date

904 731-4193  
Daytime Phone #

CR2E040 (9/02)



**Smith**  
**packaging and equipment**



PACKAGING DESIGNERS & CONSULTANTS  
PACKAGING SUPPLIES & MACHINERY SALES & SERVICE  
TELEPHONE: (904) 731-4193  
FAX: (904) 731-9889  
WATTS: 1-800-874-4990

April 11, 2003

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Reinstatement Fee

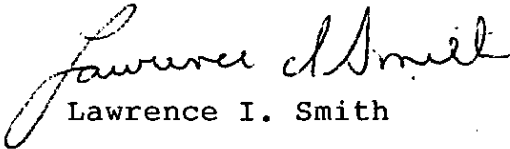
To Whom It May Concern:

Please find our check in the amount of \$300.00, enclosed. This would be for the years 2002 and 2003.

In our thirty-four (34) years as a corporation I cannot remember being late with this fee. Nobody with our firm can remember receiving a notice last year from your department. As a result we failed to renew our corporation.

Please accept this check in bringing our corporation up to date and paid in full.

Many thanks,

  
Lawrence I. Smith

LS:ms  
Enclosures