

APPLICATION
FOR
REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

2000UBR

FILED

00 OCT 25 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 576645

1. Corporation Name

H.E. SMITH COMPANY, INC.

Principal Place of Business

Mailing Address

 1895 W GULF TO LK HWY
 P.O. BOX 10
 LECANTO FL 34461
 US

 12895 W GULF TO LK HWY
 P.O. BOX 10
 LECANTO FL 34461
 US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1895 W. Gulf to Lake Hwy

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1824093

Applied For

City & State

City & State

Lecanto, Florida

Zip

Country

Zip

Country

34461

USA

6. CERTIFICATE OF STATUS DESIRED

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
PST	BUCHANAN, WILLIAM C	1895 W. GULF TO LAKE HWY 1895 W. Gulf to Lake Hwy	LECANTO FL 34461
VP	BUCHANAN, BARRY L	1895 W. GULF TO LAKE HWY 1895 W. Gulf to Lake Hwy	LECANTO FL 34461
VP	BUCHANAN, DANNY R.	1895 W. GULF TO LAKE HWY 1895 W. Gulf to Lake Hwy	LECANTO FL 34461
			100003471861--8 -11/21/00--01025--003 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

 BUCHANAN, WILLIAM C
 105 S TABITHA PATH
 INVERNESS FL 34450

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent
 SIGNATURE REQUIRED
 William C. Buchanan

Date 10-19-2000

REGISTERED AGENT MUST SIGN

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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

 SIGNATURE REQUIRED
 William C. Buchanan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-19-2000

Date

352-746-0098

Daytime Phone #

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ROBERT J. ELDREDGE, EA
3580 W HWY. 44
INVERNESS, FL 34453
TEL. (352)344-8300
FAX (352)726-8098

Division of Corporations
Annual Report / Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: H.S. Smith Co

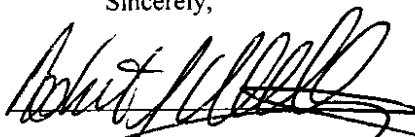
1895 W Gulf To Lake Hwy
Lecanto, FL 34461

October 20, 2000

Dear Madam or Sir,

Enclosed please find check for \$150 and Application for Reinstatement. We respectfully request that any late filing fees be abated for reasonable cause. Apparently someone within your Division input the corporations street number incorrectly as 12895 instead of 1895. We believe this is the reason that the original annual report was not received. Had the company not been between employees at that time they probably would have realized the original was not received. Your concurrence in this matter is solicited.

Sincerely,



Robert J Eldredge EA