

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 DEC 10 AM 8:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 718794

1. Corporation Name

Nelle Smith Residence for Girls, Inc.

2. Principal Office Address

515 North Flagler Drive

3. Mailing Office Address

Same

Suite, Apt. #, etc.

401

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Zip

33401

Country

U.S.A.

Zip

Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

07/07/1970

5. FEI Number

591313197

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

D. Culver Smith III

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

515 North Flagler Drive

Suite, Apt. #, Etc.

401

City

West Palm Beach

State

FL

Zip Code

33401

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

*D. Culver Smith III*

Date

12/8/04

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-D	D. Culver Smith III	324 Greyman Drive	West Palm Beach, FL 33405
V-D	Michelle Huhn	408 Gulf Road	North Palm Beach, FL 33408
S-D	Mary C. Arpe	821 Flamingo Drive	West Palm Beach, FL 33401
T-D	Mary Kay Murray	1907 North Lakeside Drive	Lake Worth, FL 33460
D	Eileen Boyle	3525 Taconic Drive	West Palm Beach, FL 33406
D	Gigi Tylander	225 South County Road	Palm Beach, FL 33480

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 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:

*D. Culver Smith III*

D. Culver Smith III, Pres.

12/8/04

561-833-3772x11

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #