

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. \$236.25

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **768819**

1. Corporation Name

TREASURE COAST RENTAL ASSOCIATION, INC.

Principal Place of Business

SMITH BROS. CONTRACTING EQUIPMENT, INC.
5731 N. MILITARY TRAIL
WEST PALM BEACH FL 33407
US

Mailing Address

% TOBY SMITH
5731 N. MILITARY TRAIL
WEST PALM BEACH FL 33415
US

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

06/08/1983

5. FEI Number

65-0576642

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03



800024410148

11/04/03--01036--012 **236.25

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
D	BUCKLES, JASON	763 N. ALTERNATE A1A #A	JUPITER FL 33477
D	COHEN, SHELDON	3285 S MILITARY TRAIL	LAKE WORTH FL 33407
D	TENNANT, DORSEY	1601 N CONGRESS AVE	WEST PALM BEACH FL 33409
P	SMITH, TOBY	5731 N MILITARY TRAIL	WEST PALM BEACH FL 33407
RA	SMITH, TOBY	5731 N MILITARY TRAIL	WEST PALM BEACH, FL 33407

8. Name and Address of Current Registered Agent

SMITH, TOBY
5731 N MILITARY TRAIL
WEST PALM BEACH FL 33407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Toby C J Smith
REGISTERED AGENT MUST SIGN

Date

10/29/03

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:

Toby C J Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOBY C J SMITH

Date

10/29/03

Daytime Phone #

561 6850234

CR2E040 (7/03)