

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 FEB 24 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 837460

1. Corporation Name

George L. Smith & Associates Inc.
an Alabama Corporation

Principal Place of Business

1210 S. Myrtle Ave.
Clearwater, FL 33756-3425

Mailing Address

1210 S. Myrtle Ave.
Clearwater, FL 33756-3425

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

REVOKED FOR ANNUAL REPORT-8/13/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

12/01/1976

City & State

City & State

5. FEI Number

63-0650920

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	George L. Smith	1210 S. Myrtle Ave.	Clearwater, FL 33756-3425
			900003160569--5 -02/14/00--01073--001 ****78.50 ****78.50
			900003160569--5 -03/07/00--01072--002 ***1658.75 ***1658.75

8. Name and Address of Current Registered Agent

George L. Smith
1210 S. Myrtle Ave.
Clearwater, FL 33756-3425

9. Name and Address of New Registered Agent

Name		900003160569--5	
Street Address (P.O. Box Number is Not Acceptable)		-03/07/00--01072--003 ****71.25 ****71.25	
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: George L. Smith Date: 21 February 2000
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 667 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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/21/00

727-441-3746