

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 26 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003066**

1. Corporation Name

Smith Specialty Contractors, Inc.

REINSTATEMENT 03-04

2. Principal Office Address

14350 W. Sylvanfield

Suite, Apt. #, etc.

3. Mailing Office Address

14350 W. Sylvanfield

Suite, Apt. #, etc.

City & State

Houston Texas

City & State

Houston Texas

Zip

77014

Country

Harris

Zip

77014

Country

Harris

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/2002

5. FEI Number

76-0387320

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

James A. Bordonaro
Assistant Secretary

Date

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
PT	Smith, Rudyard H.	16406 Augusta Ct.	Spring TX 77379
VPS	Smith, Robert L.	16102 Chasemore	Spring TX 77379

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rudyard H. Smith

Date

3-30-04

Daytime Phone #

281-444-4332

CR2E081 (01/04)