

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 JAN 19 PM 1:35  
TALLAHASSEE, FLORIDA

DOCUMENT # F90618

1. Corporation Name

Smith and Smith of Tallahassee, Inc.

2. Principal Office Address

2504 - East 12th Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33605

Country

Hillsboroug

3. Mailing Office Address

2504 - East 12th Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip  
33605

Country

Hillsboroug

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEEL Number

03-0409798

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

Jeraldine Williams Smith

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

2504 - East 12th Avenue

Suite, Apt. #, Etc.

N/A

City

Tampa

State

FL

Zip Code

33605-4039

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

*Jeraldine Williams Smith*  
REGISTERED AGENT MUST SIGN

Date 01-18-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| P/T    | Jeraldine Williams Smith             | 2504 - 12th Avenue                                | Tampa, FL 33605-4039 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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 contained in Chapter 119, 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

01-18-06

Date

(813)248-8060

Daytime Phone #