

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 13 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # G33692

1. Corporation Name

SMITH & SUPRASKI, P.A.

2. Principal Office Address

2450 N.E. Miami Gardens Dr.

Suite, Apt. #, etc.

Second Floor

City & State

No. Miami Beach, FL 33180

Zip

33180

Country

USA

3. Mailing Office Address

2450 N.E. Miami Gardens Dr.

Suite, Apt. #, etc.

Second Floor

City & State

No. Miami Beach, FL 33180

Zip

33180

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/15/1983

5. FEI Number

59-2292736

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

Jose Smith

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

2450 N.E. Miami Gardens Drive, 2nd Floor

Suite, Apt. #, Etc.

Second Floor

City

North Miami Beach,

State

FL

Zip Code

33180

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

REGISTERED AGENT MUST SIGN

Date 2/22/01

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
PD	Jose Smith	2450 N.E. Miami Gardens Dr.	No. Miami Beach, FL 33180
STD	Louis A. Supraski	2450 N.E. Miami Gardens Dr.	No. Miami Beach, FL 33180

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

305-792-0060

Daytime Phone #

CR2E081 (9/99)