

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION**  
**REINSTATEMENT**

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

**98-2001UBR**

FILED  
01 JAN 22 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **691773**

1. Corporation Name  
Don W. Smith, D.O., P.A.

2. Principal Office Address 1875 Beach Avenue		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Atlantic Beach, FL		City & State	
Zip 32233	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/15/1984

5. FEI Number: 59238897  
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: Lloyd T. Asbury, P.A.

Street Address (P.O. Box Number is Not Acceptable): 214 N. Clay Street

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32202

100003632031-4  
-02/05/01--01003--016  
\*\*\*\*600.00 \*\*\*\*600.00

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: Lloyd T. Asbury REGISTERED AGENT MUST SIGN Date: 01/12/01

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
DP	Don W. Smith, D.O.	1875 Beach Avenue	Atlantic Beach, FL 32233

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.

Don W. Smith, D.O.

SIGNATURE: DWS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 1/17/01 Daytime Phone #: 9042428284

CR2E081 (9/00)

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DON W. SMITH, D. O.  
1875 Beach Avenue  
Atlantic Beach, Florida 32233  
904/242-8284

January 17, 2001

Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

RE: Corporate Reinstatement  
Don W. Smith, D. O., P. A.

Dear Sir or Madam:

This letter is to inform you that I did not receive yearly annual reports for the above corporation for the years 1998 through 2001. Enclosed is our reinstatement form with the address for all future annual reports.

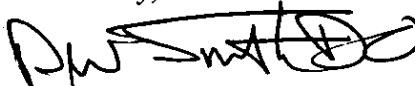
~~CONFIDENTIAL~~

Also enclosed is a check in the following amount indicating the amount due to reinstate our corporation into active status:

\$150.00	for year 1998
\$150.00	for year 1999
\$150.00	for year 2000
<u>\$150.00</u>	for year 2001
\$600.00	total

Thank you for your attention to this matter.

Sincerely,



DWS:ks

Enclosure: [illegible]

[illegible text]