

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 30 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G94133**

1. Corporation Name

SMOOT ADAMS EDWARDS & GREEN, P.A.

Principal Place of Business

Mailing Address

12800 UNIVERSITY DRIVE, STE 600
~~P.O. BOX 06259~~
FT MYERS FL 33907

12800 UNIVERSITY DRIVE, STE 600
~~P.O. BOX 06259~~
FT MYERS FL 33907

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 60259

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

P.O. Box 60259

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1984

5. FEI Number

59-2397224

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SMOOT, J. TOM, JR.	12800 UNIVERSITY DR, 600	FT MYERS FL
CEOD	EDWARDS, CHARLES B.	12800 UNIVERSITY DRIVE, 600	FT. MYERS FL
S TD	GREEN, BRUCE D.	12800 UNIVERSITY DR.--#600	FT. MYERS FL
DV	ADAMS, HAL	12800 UNIVERSITY DR, 600	FT MYERS FL
V D	WINER, STEVEN I.	12800 UNIVERSITY DR, 600	FT MYERS FL
VD	KOMRAY, MARK R.	12800 UNIVERSITY DR.--#600	FT. MYERS FL

8. Name and Address of Current Registered Agent

GREEN, BRUCE D.
12800 UNIVERSITY DR, STE 600
FT. MYERS FL 33907

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

4000002703984--7

12/04/98-01113-011

***758.75 ***758.75

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

NATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **November 23, 1998**

11. This corporation owes or has paid 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 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:

NATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 23, 1998

Date

(941) 489-1776

Daytime Phone #

CR2E040 (9/83)