PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1&2

APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J10993

1. Corporation Name

SMITH-GILCHRIST, P.A.

Principal Place of Business	Mailing Address
1230 NORTH ADAMS ST. TALLAHASSEE FL 32303	1230 NORTH ADAMS ST. TALLAHASSEE FL 32303

2002 UBR

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1230 N. Adams St
City & State	City & State Tallahassee FL
Zip / Country	Zip 32303 / Country Leon

4. Date Incorporated or Qualified To Do Business in Florida: 04/24/1986

5. FEI Number: 59-2635881 ☐ 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 3	City / State / Zip 4
P	GILCHRIST, HILDA G	1230 NORTH ADAMS ST.	TALLAHASSEE FL 32303

800009176928
11/22/02--01092--002 **150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
GILCHRIST, HILDA G 1230 NORTH ADAMS ST. TALLAHASSEE FL 32303	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: Hilda Gilchrist SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date: 11-07-02

11. 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: Hilda Gilchrist SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11-07-02

Daytime Phone #

SMITH-GILCHRIST

URBAN DESIGN
SITE PLANNING
LANDSCAPE ARCHITECTURE

November 7, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations:

Please accept this as my request for a waiver due to non-receipt of the previous business reports. I believe any of the following may be the reasons for non-receipt:

1. SGPA has downsized significantly since the year 2001and no longer employs an administrative assistant.
2. Although my corporate address remains the same but I have rented out much of the building to others.
3. I currently perform most of the work at my residence and although some mail may be received at the address listed as the principal place of business, others could easily overlook it there.

Due to the above, please notice a change in the mailing address made in hopes of receiving your reports in the future.

Thank you for your consideration. Please find enclosed the application for reinstatement as well as the filing fee of $150.00.

Sincerely,

Hilda Gilchrist,
Principal and Registered Agent of
Smith-Gilchrist, P.A.

Smith-Gilchrist, P.A. ❧ 1423 N. Duval Street ❧ Tallahassee, FL 32303 ❧ 904/224-5711 ❧ Fax: 904/222-3931