

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 26 MAR 26 PM 4:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **J48266**

1. Corporation Name
JOSEPH E. SMITH, P.A.

Principal Place of Business: **1014 E. ROBINSON ST. ORLANDO FL 32801 US**
 Mailing Address: **P.O. BOX 2889 ORLANDO FL 32802 US**



REINSTATEMENT

99
 02-00

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

2. New Principal Office Address, If Applicable 1130 S.E. 17th Street Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 1130 S.E. 17th Street Suite, Apt #, etc.
City & State Orla, Florida	City & State Orla
Zip 34471	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 12/11/1986
5. FEI Number 59-2758707
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SMITH, JOSEPH E.	1336 ERROL PARKWAY	APOPKA FL 32712

500002882155-7
 -04/07/99-01071-007
 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

SMITH, JOSEPH E.
1336 ERROL PARKWAY
APOPKA FL 32712

9. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 Suite, Apt #, Etc.: _____
 City: _____ State: **FL** Zip Code: _____

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: *Joseph E. Smith* REGISTERED AGENT MUST SIGN Date: **3/25/99**

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: *Joseph E. Smith* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **March 5 1999** 352/649-7535

CR2E040 (9/98)