

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 550438

1. Corporation Name

ESTELLE SMITH THOMPSON, INC.

Principal Place of Business

Mailing Address

19325 W. Hwy 40
Dunnellon, FL 34432

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.

City & State

City & State

Zip

Country

Zip

Country

Dunnellon, FL
34432 USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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

-01/04/00--01081--012
City, State, Zip
***908.75 ***908.75

Pres	Darrell Kent Smith	19301 W. Hwy 40	Dunnellon, FL 34432
V. Pres	Virginia Renee Stephens	19325 W. Hwy 40	Dunnellon, FL 34432
Sec	Sandra Ellen Smith	20147 Th Granada	Dunnellon, FL 34432
Treas	James Archie Smith	14376 S.W Hwy 484	Dunnellon, FL 34432

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
Virginia Renee Stephens
Street Address (P.O. Box Number is Not Acceptable)
19325 W. Hwy 40
Suite, Apt. #, Etc.
Dunnellon
City
Dunnellon
State FL Zip Code 34432

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

Virginia Renee Stephens
REGISTERED AGENT MUST SIGN

Date 12/23/99

11. This corporation owes 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:

Virginia Renee Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/99
Date

352-489-5872
Daytime Phone #