

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

pg. 1 of 2

96-97 AR

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

SALES & BUSINESS TAX DIVISION

FILED

97 APR 28 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~75250~~ J5250
1. Corporation Name *R.S. SMITH BUILDERS, INC.*

Principal Place of Business Mailing Address
*1500 UNIVERSITY DR
SUITE 208
CORAL SPRINGS, FL 33071*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/17/87	
City & State		City & State		5. FEI Number	
Zip		Country		59-2762221	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				Applied For	
				Not Applicable	
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
PTS	JON J. BOLLIER	8539 NW 11 ST	CORAL SPRINGS, FL 33071

700002187297--6
-05/06/97--01048--020
****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JON J. BOLLIER
1500 UNIVERSITY DR
SUITE 208
CORAL SPRINGS, FL 33071

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date 4/15/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *[Signature]* JON J. BOLLIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97 954-346-7793
Date Daytime Phone #

CR2E040 (12/96)

Jon J. bollier, p.a.

ACCOUNTING • INCOME TAXATION • MANAGEMENT CONSULTING

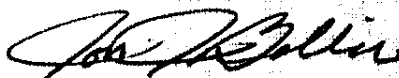
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Department of State:

We did not receive the annual report for the years 1996 and 1997 due to a change in address. See Application for Reinstatement for new address. Please find enclosed a check for \$365.00 for the above years to reinstate R.S. Smith Builders, Inc.

If you have any questions, please feel free to contact me.

Sincerely yours,



Jon J. Bollier