

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # K04526

1. Corporation Name

Smith Sales Assoc. Inc.

2. Principal Office Address

502 Palm st.

3. Mailing Office Address

P.O. Box 1928

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State

W. Palm Bch. FL.

City & State

W. Palm Bch. FL.

Zip

33401

Country

U.S.A.

Zip

33402

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

12-2-87

5. FEI Number

65-0046709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robert M Brangan

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

12141 Osceola rd.

Suite, Apt. #, Etc.

Juno Beach, FL

City

Juno Beach, FL.

State
FL

Zip Code

33408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Robert M Brangan
REGISTERED AGENT MUST SIGN

Date *Sept. 26-02*

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES.	Anthony L Smith	822 Lytel St. --	W. Palm Bch. FL. 33406
V.P.	Virgil M Smith	3432 Tyringham Dr.	W. Palm Bch FL 33406
Tres.	Robert M Brangan	12141 Osceola Rd	Juno Bch FL 33408

10. 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:

Virgil M. Smith Jr. VIRGIL M. SMITH JR. 561-832-4989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

02 SEP 30 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/02/02--01023--012

***1715.00 ***1715.00

CR25081 (9/01)

9/26/02
9/26/02



SERVICE SINCE 1928



DEPARTMENT OF STATE Employees 9-26-02

THANK YOU FOR PROCESSING OUR REINSTATEMENT
FORM. I ASK YOU TO WAIVE THE PENALTIES &
LATE FEES, FOR THE FOLLOWING REASONS.

WE HAD AN ADDRESS CHANGE, AND
DID NOT RECEIVE THE UNIFORM BUSINESS
REPORTS. AT THE SAME TIME ANTONETTE
SMITH BECAME ILL, AND LATER PASSED AWAY.

THANK YOU FOR YOUR HELP -

Virgil M. Smith Jr.
VIRGIL M. SMITH, JR.