

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 AUG -7 PM 3:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K09560

1. Corporation Name

Smithline Investments, Inc.

2. Principal Office Address

c/o Mornton M. Henry
505 S. Flagler Dr, #1100

3. Mailing Office Address

c/o Mornton M. Henry
505 S. Flagler Dr. #1100

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33401

Country

Palm Beach

Zip

33401

Country

Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

12/29/1987

5. FEI Number

65-0027647

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-02

7. Name and Address of Current Registered Agent

Name

Louise E. Chesler

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

2400 Papaya Drive

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33445

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

X Louise E. Chesler

REGISTERED AGENT MUST SIGN

Date

Aug. 2, 2002

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
D, P, S VP	Louise E. Chesler	2400 Papaya Drive	Delray Beach, FL 33445

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:

X Louise E. Chesler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

561/272-6590

Daytime Phone #

CR2E081 (9/01)