

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

97 JUL 18 PM 2:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # K42861

1. Corporation Name

Street Smart, Inc.

Principal Place of Business

1200 W. Memorial Blvd.  
Lakeland, FL 33801

Mailing Address

P.O. Box 6717  
Lakeland, FL 33807-6717

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

2. New Principal Office Address, if Applicable

464 Hatcher Road

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

P.O. Box 961

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

11/2/88

5. FEI Number

59 292 0110

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	John Beagan	464 Hatcher Road	Columbia, KY 42728
S	Jacquelyn Beagan	464 Hatcher Road	Columbia, KY 42728

100002245941--5

-07/23/97--01136--007

\*\*\*1575.00 \*\*\*1575.00

REINSTATEMENT

97-97

7-22-97

8. Name and Address of Current Registered Agent

John Beagan  
322 Shadow Moss Court  
Lakeland, Florida

9. Name and Address of New Registered Agent

Name

Richard J. Latona

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

5802 Coveview Drive East

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33813

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

Richard J. Latona

Date

5/19/97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Beagan

Date

5-12-97

Daytime Phone #

502  
384 6626

CR2000 (12/96)