

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 JUN 12 PM 1:54

DOCUMENT # L0400001511

1. Corporation Name

Sam Smith Electric LLC

2. Principal Office Address - No P.O. Box #

1608 Delaware Ave

3. Mailing Office Address

1608 Delaware Ave

Suite, Apt. #, etc.

None

Suite, Apt. #, etc.

None

City & State

Lynn Haven

City & State

Lynn Haven FL

Zip

81

Country

32444

Zip

B2444

Country

BAV

4. Date Incorporated or Qualified
To Do Business in Florida

February 25, 04

5. FEI Number

592751568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sam A Smith, Jr.

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

1608 Delaware Ave

Suite, Apt. #, Etc.

City

Lynn Haven

State

FL

Zip Code

32444

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Sam Smith

REGISTERED AGENT MUST SIGN

Date 5/4/08

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	Lisa Smith	1608 Delaware Ave	Lynn Haven FL 32444
T	Stephanie Smith	1159 Tennessee Ave	Alford FL
T	Sheri Widner	10311 Western Rd	Fountain, FL 32438

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06/06/08--01036--004 **245.00

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 contained in Chapter 119, 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:

Lisa Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 4/08 8502480252

Date

Daytime Phone #