PLEASE READ ALL INSTRUCTIONS REFORE COMPLETING THIS FORM

APF	PLICATION &		FLORIDA DEPARTMENT OF STATE			FILED			
	FOR		Katherine Har Secretary of S			• • •			
REINSTATEMENT			VISION OF CORPORATIONS		50 M D - 8 PM 2: 45				
DOCUMENT # L05023 1. Corporation Name Smith Liquidating, Inc.					MALY MASSE, FLORIDA				
9.	aren biquidaeri	ig, inc.							
4460 Clea		4622		R	FINST	ATENT	- WT 9	8-99.	
If above addresses are incorrect in any way, line through incorrect information and e 2. New Principal Office Address, if Applicable 3. New Mailing Office Address				orrection below	Date Incorp	orated or Qualified	- Marcales		
Suite Apt. #, etc Suite, Apt. #					 		7/27/19)89	
City & State City & State					5 FEI Number Applied For S9-2962740 Not Applied be				
Zip	Country		Country		6 CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status				
7. Names a	and Street Addresses of Each Off			ions must list at lea	ist 3 directors)	r	~		
Title(s)	Name of Off and/or Direct 2	Offi	cer and/or Director e Post Office Box N		4	City / State / Z	(P		
D/P Arthur L. Blough			4460 - 10	7th Circ	le No. Clearwater, FL 34622				
D/VP	Raymond P. Smi	4460 - 10	7th Circ	le No.	Clearwa	ter, FL	34622		
T G. Thomas Smith 4			4460 - 10	7th Circ	le No.	Clearwa	ter, FL	34622	
S	S G. Thomas Smith			4460 ~ 107th Circle No. Clearwater, FL 3			34622		
					5gn0028422850				
						~04/16.	/9901076 18,75 ***	6024 **908 75	
	8. Name and Address of	Current Registered Ag	ent		9. Name and	Address of New A			
Michael R. Carey								12/98)	
712	y, O'Malley, Wi S. Oregon Aveni	Street Address (F		P O Box Number is Not Acceptable)					
Tamp	a, FL 33606		City State Zip Code			Code			
10 I being	appointed the registered agent of	of the above named corp	oration, am familiar wi	th and accept the o	pligations of Sect	ion 607.0505, F.S	.1.1		
Signature of Registered	Agent Whe	ckaul (<	GENT MUST SIGN	,		_{Date} Ap	ril 7	, 1999	
11. Th	is corporation owe angible Personal P	s the current y roperty Tax d	year ue June 30.	Yes	□ No Ø		ee other side for i on intangible		
this rein	that I am an officer or director or islatement application, the reason yithe corporation have been paid application is true and accurate, a	n for dissolution has been and the names of indivi	n eliminated, the corpo duals listed on this for	rate name satisfies in do not qualify for	the requirement an exemption ur	s of section 607.04	01 or 617 0401, F	S, that all fees	
SIGNA		ED ON PRINTED HAME OF	SIGNING OFFICER OR	DIRECTOR	Marcl	n 23-, 19	72 999 22.	27- 3-9267	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR RAYMOND P. Smith, III