

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 CORPORATIONS  
03 SEP 24 PM 2:12

**DOCUMENT #** L09392

**1. Corporation Name**

A. G. Smith and Associates, Inc.  
2699 Seville Blvd. - # 703  
Clearwater, FL 33764

**2. Principal Office Address**

2699 Seville Blvd.

Suite, Apt. #, etc.

# 703

City & State

Clearwater, FL

Zip

33764

Country

USA

**3. Mailing Office Address**

2699 Seville Blvd.

Suite, Apt. #, etc.

# 703

City & State

Clearwater, FL

Zip

33764

Country

USA

**REINSTATEMENT**

02-03

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

8/14/89

**5. FEI Number**

59-2963645

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

Bernard J. Lechner

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

2115 Range Road

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

**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

*Bernard J. Lechner*

REGISTERED AGENT MUST SIGN

Date

9-12-03

**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
PSTD	M. Claudia Smith	2699 Seville Blvd. # 703	Clearwater, FL 33764

**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:**

*M. Claudia Smith*

M. Claudia Smith

9-16-03

727/796-0615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)