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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 PM 4:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000001612

Name and Mailing Address

0010073 01 AT 0.292 **AUTO T6 0 0615 33759-140336



CORINN M. SMITH, LLC
2936 CHANCERY LANE
CLEARWATER FL 33759-1403



3/8

2. New Mailing Address <u>Same</u> City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 2936 CHANCERY LANE CLEARWATER FL 33759		5. Date Organized or Qualified To Do Business in Florida 03/22/1999	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3572341 Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent SMITH, CORINN M 2936 CHANCERY LANE CLEARWATER FL 33759		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name <u>None</u> Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Corinn Smith</u> SIGNATURE REQUIRED Date <u>1-15-04</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SMITH, CORINN M	2936 CHANCERY LANE	CLEARWATER FL 33759
700031055697 03/24/04--01018--016 **200.00			
REINSTATEMENT 2003-2004			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <u>Corinn Smith</u> SIGNATURE REQUIRED Date <u>1-15-04</u> Daytime Phone # <u>727-799-4600</u> Typed or printed name of signing Managing Member/Manager			