

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M 99725

1. Corporation Name  
K.L. SMITH, INC

Principal Place of Business  
4427 SPRING LANE  
LAKELAND, FL 33811

Mailing Address

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

2. New Principal Office Address, If Applicable  
4427 SPRING LANE  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc.

City & State  
LAKELAND, FL  
Zip 33811 Country USA

City & State  
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida  
9-8-88

5. FEI Number  
59-2909870  
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
P	KENNETH L. SMITH	4427 SPRING LANE	LAKELAND, FL 33811
V	LINDA SMITH	4427 SPRING LANE	LAKELAND, FL 33811

REINSTATEMENT

8. Name and Address of Current Registered Agent

KENNETH L. SMITH  
4427 SPRING LANE  
LAKELAND, FLA 33811

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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  
REGISTERED AGENT MUST SIGN

Date 5-3-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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: KENNETH L. SMITH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-3-98

Date

941-647-5560

Daytime Phone #

CR2E040 (1/98)