

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

03 DEC -4 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # NO1000005860**

1. Corporation Name

**THE AMANDA SMITH FOUNDATION, INC.**

Principal Place of Business

Mailing Address

4710 N WILLIS STREET  
TAMPA FL 33603

4710 N WILLIS STREET  
TAMPA FL 33603

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**REINSTATEMENT** 07



000025224310

12/01/03--01018--005 ##296.25

4. Date Incorporated or Qualified To Do Business in Florida

08/15/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3742460

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip    |
|------------|-------------------------------------|--|-------------------------|
| D          | CULLEM, JOHN P                      | 856 W AVENUE NORTH                               | ST. PETERSBURG FL 33701 |
| P/D        | SMITH, JACK G JR.                   | 4710 N. WILLIS STREET                            | TAMPA FL 33603          |
| V/D        | SMITH, JULIA K                      | 4710 N. WILLIS STREET                            | TAMPA FL 33603          |
| S          | BIZUP, CAROL A                      | 1732 PINTAIL COURT                               | LUTZ FL 33549           |
|            |                                     |  |                         |
|            |                                     |  |                         |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, JACK G JR  
4710 N. WILLIS STREET  
TAMPA FL 33603

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Date

21 Nov 03

REGISTERED AGENT MUST SIGN

11. 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)(l), 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:

*Glenda E. Hood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

21 Nov 2003

Date

727-227-2948

Daytime Phone #

CR2E040 (7/03)