

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APPROPRIATE  
AND  
FILED

14 OCT -3 PM 4:51

RECEIVED  
TALLAHASSEE, FLORIDA

DOCUMENT # N04000000521

1. Entity Name

THE DR. WALTER SMITH LIBRARY, INC.



Principal Place of Business

905 N. ALBANY AVE.  
907-09  
TAMPA, FL 33606

Mailing Address

P.O. BOX 4380  
TAMPA, FL 33677

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032014 REIN-NP

CR2E099 (12/11)

4. FEI Number  
27-0101027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, WALTER L DR.  
1940 CYPRESS ST.  
TAMPA, FL 33606

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Walter L. Smith*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$238.25**  
**After January 1, 2015, Fee will be \$297.50**

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SMITH, WALTER L DR. P.O. BOX 4380 TAMPA, FL 33677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, WALTER L DR. P.O. BOX 4380 TAMPA, FL 33677	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SMITH, BARBARA W 1940 CYPRESS ST. TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, WALTER II 909 N. ALBANY AVE. TAMPA, FL 33606	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ANDRE POST OFFICE BOX 180713 TALLAHASSEE, FL 32318	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON-SMITH, SALESIA, V. ATTY. 922 SECOND STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**REINSTATEMENT**

*2014*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Walter L. Smith*

Date

E-MAIL ADDRESS

*MW*  
*10/13*