

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000012031

1. Corporation Name

Smiles Around the World, Inc.

2. Principal Office Address - No P.O. Box #

10852 NW 8th Ct

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33324

Country

USA

3. Mailing Office Address

326 Harvest Meadow Dr

Suite, Apt. #, etc.

City & State

Temple, TX

Zip

76502

Country

USA

7. Name and Address of Current Registered Agent

Name

Lezlie Westover

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

118 Spring Water Dr

Suite, Apt. #, Etc.

City

Jupiter

State

FL

Zip Code

33458

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

Lezlie Westover

REGISTERED AGENT MUST SIGN

Date 12/26/08

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
D/P	Jeffery Greene	326 Harvest Meadow Dr	Temple, TX 76502
D	Krishawn Greene	326 Harvest Meadow Dr	Temple, TX 76502
D	Tyson Black	1317 N Fairway Dr	Cedar City, UT 84721

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 contained in Chapter 119, 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:

Jeffery C. Greene

Jeffery C. Greene

12/26/08

254-598-2568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

08 DEC 30 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139334735
12/30/08--01008--005 **297.50

REINSTATEMENT

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 12/01/05

5. FEI Number
20-3952876

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.