

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUN 16 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO6000007032**

1. Corporation Name

MR Smith FOUNDATION INC

REINSTATEMENT

09-11

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

4535 DALMAHOY CT

3. Mailing Office Address

4535 DALMAHOY CT

Suite, Apt. #, etc.

#201

Suite, Apt. #, etc.

#201

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33916

Country

U.S.

Zip

33916

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

6/29/2006

5. FEI Number

134337448

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MAURICE CHAPPELL

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

4535 DALMAHOY CT

Suite, Apt. #, Etc.

#201

City

FORT MYERS

State

FL

Zip Code

33916

900208812409
06/13/11--01052--004 **367.50

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

Maurice Chappell

REGISTERED AGENT MUST SIGN

Date

6/7/2011

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
CEO	MAURICE Chappell	4535 DALMAHOY CT	FORT MYERS FL 33916
V.P.	TIMICHEL L. ADDISON	3105 12th ST W	LeHIGH FL 33971
D	SHAVONN SMITH	4535 DALMAHOY CT	FORT MYERS 33916
D	KAREN Chappell	" " "	" " "
D	SHANTEE Chappell	" " "	" " "

10. E-mail Address:

JUS DUE40 AOL COM

JUS DUE40P AOL COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Maurice Chappell

MAURICE CHAPPELL

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR