

# **2010 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N07000011755

**FILED**  
**Nov 20, 2010**  
**Secretary of State**

**Entity Name:** SMITHFIELD PINES INC.

**Current Principal Place of Business:**

11998 CRIMSON ROSE CT.  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11998 CRIMSON ROSE CT.  
JACKSONVILLE, FL 32218

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

WILLIAMS, LORETTA  
11998 CRIMSON ROSE CT.  
JACKSONVILLE, FL 32218 US

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.

SIGNATURE: LORETTA WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BOYD, CHARLES  
Address: 6650 SMITHFIELD PLNTN  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD  
Name: YOUNG, PAUL  
Address: 6614 SMITHFIELD PLNTN  
City-St-Zip: JACKSONVILLE, FL 32218

Title: STD  
Name: WILLIAMS, LORETTA  
Address: 11998 CRIMSON ROSA CT.  
City-St-Zip: JACKSONVILLE, FL 32218

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LORETTA WILLIAMS

TRES

11/20/2010

Electronic Signature of Signing Officer or Director

Date