

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 13 PM 12:58

DOCUMENT # N99000005595

1. Corporation Name

SMITH ECONOMIC EDUCATIONAL DEVELOPMENT, INC.

700012311447
02/11/03--01044--002 **122.50



2002

Principal Place of Business

1415 DANIEL ST
TALLAHASSEE FL 32310

Mailing Address

1337 BLOSSOM CIRCLE
TALLAHASSEE FL ~~32310~~ 32305

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/21/1999

5. FEI Number

59-3597369

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	SMITH, HORACE	1337 BLOSSOM CIR	TALLAHASSEE FL 32310 32305
DS	WILLIAMS, SABRINA	1337 BLOSSOM CIR	TALLAHASSEE FL 32310 32305
DT	SMITH, DOROTHY	1337 BLOSSOM CIR	TALLAHASSEE FL 32310 32305

8. Name and Address of Current Registered Agent

SMITH, HORACE
1337 BLOSSOM CIR
TALLAHASSEE FL ~~32310~~ 32305

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-03

CR2E040 (8/02)

2012

January 13, 2009

Dept. of State
P.O. Box 6327
Tall., Fla 32314

To Whom It May Concern:

I, Horace Smith, am the President of Saint City Ministries and Smith Economic Educational Development, Inc.. I am requesting that all penalty fees be waived concerning my annual renewal fee for both corporations. My primary reason for such a request is because I never received the rejection letters sent in 2002.

While inquiring with Michelle Miligan at the Dept. of State in Tall., Fla, she informed us that records show that mail was undeliverable, possibly because of an erroneous zip code of file.

If you will, please honor this request.

Sincerely,

Horace Smith