

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035673

1. Corporation Name

SMITHGALL HOLDINGS, INC.

Principal Place of Business

11731 PHILIPS HWY
STE 5
JACKSONVILLE FL 32256

Mailing Address

4256 TROUT RIVER BLVD.
JACKSONVILLE FL 32208

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.
4711 C Blanding Blvd.
City & State
Jacksonville, FL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
3829 Marnie Place
City & State
Jacksonville, FL

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2000

5. FEI Number

59-3637044

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SMITHGALL, MICHAEL	4256 TROUT RIVER BLVD.	JACKSONVILLE FL 32208
VD	NIGHTINGALE, KENNETH W	4256 TROUT RIVER BLVD.	JACKSONVILLE FL 32208
ST	SMITHGALL, MARY JANE	4256 TROUT RIVER BLVD.	JACKSONVILLE FL 32208

700000724277

10/31/02--01045--001 **750.00

8. Name and Address of Current Registered Agent

SMITHGALL, MARY JANE
4256 TROUT RIVER BLVD.
JACKSONVILLE FL 32208

9. Name and Address of New Registered Agent

Name Smithgall, Mary Jane (same)
Street Address (P.O. Box Number is Not Acceptable)
3829 Marnie Place
Suite, Apt. #, Etc.
City Jacksonville State FL Zip Code 32223

CR2040 (8/02)

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
REGISTERED AGENT MUST SIGN

Date

10/25/12

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
SMITHGALL, MARY JANE

Date

Daytime Phone

10/25/12 904-996 2546