


2007 FOR PROFIT CORPORATION REINSTATEMENT


DOCUMENT # P00000054626 1. Entity Name PATRICIA MARGARET SMITH, INC.	
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FILED
07 MAY 25 AM 11:43
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 10901 BURNT MILL RD APT 2705 JACKSONVILLE, FL 32256	Mailing Address 10901 BURNT MILL RD APT 2705 JACKSONVILLE, FL 32256
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2. Principal Place of Business - No P.O. Box # 50 FURNESS PLACE Suite, Apt. #, etc.	3. Mailing Address 50 FURNESS PLACE Suite, Apt. #, etc.
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City & State PAIM COAST, FL Zip 32137 Country FLAGLER	City & State PAIM COAST, FL Zip 32137 Country FLAGLER
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REINSTATEMENT (1/07) **06-07**

05212

4. FEI Number 59-3651261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SMITH, PATRICIA M 10901 BURNT MILL RD, APT 2705 JACKSONVILLE, FL 32256	7. Name and Address of New Registered Agent Name PATRICIA M HEATH Street Address (P.O. Box Number is Not Acceptable) 50 FURNESS PLACE City PAIM COAST
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Patricia M Heath* **PATRICIA M. HEATH** 5/22/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete HEATH, PATRICIA M 50 FURNESS PLACE PALM COAST, FL 32137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600103982086 06/06/07--01033--002 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="font-size: 2em; text-align: center;"><i>\$76/5</i></div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia M Heath* 5/22/07 386-446-3740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #