

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000063855

1. Corporation Name

SMOKIN' PREMIUMS.COM, INC.

Principal Place of Business

Mailing Address

2233 NW 22ND AVE #17-109
STUART FL 34994

2233 NW 22ND AVE #17-109
STUART FL 34994

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

51 W. Osceola Street

Suite, Apt. #, etc.

51 W Osceola Street

City & State

Stuart FL

City & State

Stuart FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/2000

5. FEI Number

65-1023735

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
D	BOYD, JOHN R	2021 SE RIVERSIDE DR	STUART FL 34996
D	BOYD, JODIE D	2021 SE RIVERSIDE DR 1524 S.W. St Andrews Dr.	STUART FL 34996 Palm City FL 34990
D	DECHAMBEAU, RONALD D	2233 22ND AVE #17-109	STUART FL 34994
D	DECHAMBEAU, JAMIE A	2233 22ND AVE #17-109	STUART FL 34994
			0143R TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~DECHAMBEAU, RONALD D~~
~~2233 NW 22ND AVE #17-109~~
~~STUART FL 34994~~

Name

Jodie D. Boyd

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

1524 S.W. St. Andrews Dr.

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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.

Signature of
Registered Agent

Jodie D. Boyd
REGISTERED AGENT MUST SIGN

Date 10-15-01

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.

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****550.00 ****550.00

SIGNATURE:

Jodie D. Boyd
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10-15-01

561-286-4781
Daytime Phone #

CR20040 (801)



51 West Osceola Street, Stuart, Florida 34994
Tel - (561) 286-4781 ♦ Fax - (561) 286-1570
www.smokinpremiums.com

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October 15, 2001

Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

Dear Sir:

Please submit my application for reinstatement of corporation Smokin' Premiums.com, Inc., document #P00000063855. Our application was previously filed in August of 2001.

Enclosed is our check for the \$550.00 filing fee. If you need further information please do not hesitate to contact us.

Sincerely,

Jodie Boyd
Smokin Premiums.com