

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 AUG 19 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000083549**

1. Corporation Name

SMARTBOOKS, INC.

600007286956--7

-08/22/02--01059--007

****900.00 ****900.00



REINSTATEMENT **01-02**

Principal Place of Business

Mailing Address

6245 DANIA ST.
~~PALM BEACH GARDENS FL 33418~~

6245 DANIA ST.
~~PALM BEACH GARDENS FL 33418~~

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

65-1043317

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MEEKER, SABRINA	6245 DANIA ST.	PALM BEACH GARDENS FL 33418 Jupiter, FL 33458

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEEKER, SABRINA
6245 DANIA ST.
~~PALM BEACH GARDENS FL 33418~~

Name

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

Suite, Apt. #, Etc.

City

Jupiter,

State
FL

Zip Code
33458

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

Sabrina Meeker
REGISTERED AGENT MUST SIGN

Date

5/23/02

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:

Sabrina Meeker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/02

Date

561-575-6993

Daytime Phone #

CR2E040 (8/01)