

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000092143

1. Corporation Name

SMILE AWHILE, INC.

Principal Place of Business

14893 MAHOE COURT
FORT MYERS FL 33908

Mailing Address

14893 MAHOE COURT
FORT MYERS FL 33908

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

09/26/2000

5. FEI Number

65-1046842

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
P	PETERS, VIRGINIA	3228 TWIN LAKES LANE 14893 Mahoe Court	SANIBEL FL 33957 Fort Myers, FL 33908
ST	PETERS, JAMES	3228 TWIN LAKES LANE 14893 Mahoe Court	SANIBEL FL 33957 Fort Myers, FL 33908

8. Name and Address of Current Registered Agent

WINER, STEVEN I
2320 FIRST STREET
SUITE 1000
FORT MYERS FL 33901-3419

9. Name and Address of New Registered Agent

Name Virginia Peters
Street Address (P.O. Box Number is Not Acceptable)
14893 Mahoe Court
Suite, Apt. #, Etc.

City Fort Myers State FL Zip Code 33908

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

Virginia Peters
REGISTERED AGENT MUST SIGN

Date

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:

Virginia Peters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



REINSTATEMENT 2003

FILED

03 NOV 14 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E040 (7/03)