

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 12 AM 11:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P00000094576**

**1. Corporation Name**

**S m P T, Inc.**

**2. Principal Office Address**

**351 Anchor Way**

Suite, Apt. #, etc.

City & State

**St Lucie FL**

Zip  
**34946**

Country

**St Lucie**

**3. Mailing Office Address**

**351 Anchor Way**

Suite, Apt. #, etc.

City & State

**St Lucie FL**

Zip

**34946**

Country

**St Lucie**

**REINSTATEMENT 01-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**Oct. 6, 2000**

**5. FEI Number**

**65-1046136**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

**\$8.75 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

**PATRIZZIO TOMASSI**

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

**351 Anchor Way**

Suite, Apt. #, Etc.

City

**St Lucie**

State

**FL**

Zip Code

**34946**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*[Signature]*

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PATRIZZIO TOMASSI	351 Anchor Way	St Lucie FL 34946
S-T	ASSUNTA TOMASSI	351 Anchor Way	St Lucie FL 34946

**10. 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.**

**PATRIZZIO TOMASSI**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)