

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000108079

1. Entity Name
S.M.I. CONTRACTING, INC.



Principal Place of Business
5515 BAYSHORE RD
PALMETTO, FL 34221

Mailing Address
5515 BAYSHORE RD
PALMETTO, FL 34221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10172006

REIN-P

CR2E098 (11/05)

4. FEI Number
65-1054383

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, PHIL
5506 BAYSHORE RD
PALMETTO, FL 34221

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ALLEN, PHIL
5515 BAYSHORE RD
PALMETTO, FL 34221 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
20009116112
10/24/06--01049--015 **150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
SCHURFRANZ, DALE
8818 11TH AVE TERR NW
BRADENTON, FL 34209 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ 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:

Phil Allen Pres

10-18-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

06 OCT 24 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2006
[Signature]

S.M.I. CONTRACTING, INC.

Contracting • Construction Management • Environmental Services • Storage Systems



CBCA25156-CCCO 27442-PCCO 54961

October 18, 2006

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Document #P00000108079

Dear Sir:

I am enclosing a 2006 reinstatement for our firm. I had written earlier that I never received the original annual form.

Please find enclosed check for the original fee of \$150.00.

Thank you for your help.

Sincerely,

Philip Allen,
President

enclosure

P.S. I NEVER RECEIVED ORIGINAL
ANNUAL RENEWAL FORM - ONLY THE
REINSTATEMENT FORM -