

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUN -3 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000109306

1. Corporation Name

SMITH STRUCTURAL SYSTEMS INC.

2. Principal Office Address

3500 27th Ave SW
Suite, Apt. #, etc.

3. Mailing Office Address

3500 27th Ave SW
Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34117

Country

USA

Zip

34117

Country

USA

500055716205

06/03/05--01041--001 **1050.00

REINSTATEMENT

03-05

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

11/21/00

5. FEI Number

582585810

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

William B Smith Jr

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

3500 27th Ave SW

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34117

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

Date 5/21/05

REGISTERED AGENT MUST SIGN

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
1	William B Smith Jr	3500 27 th Ave SW	NAPLES FL 34117

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/05

Date

239.417.5690

Daytime Phone #

CR2001 (01/05)