

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 APR 10 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000114683**

1. Corporation Name

**A & G SMITH AND COMPANY, INC.**

2. Principal Office Address - No P.O. Box #

15195 NE 2ND AVENUE

3. Mailing Office Address

15195 NE 2ND AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33162

Country

US

Zip

33162

Country

US

000149459190  
04/10/09--01031--011 \*\*600.00  
**REINSTATEMENT 06-09**

4. Date Incorporated or Qualified  
To Do Business in Florida 12/18/2000

5. FEI Number  
65-1061915

☐ 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  
E-CONSULTING INC.

Street Address (P.O. Box Number is Not Acceptable)  
16499 NE 19TH AVENUE

Suite, Apt. #, Etc.  
SUITE 104

City  
N MIAMI BEACH

State Zip Code  
FL 33162

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Michael Lawrence*  
REGISTERED AGENT MUST SIGN

Date 03/31/2009

**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/T/D	ALBERT A. SMITH	15195 NE 2ND AVENUE	MIAMI, FL 33162
V/S/D	GIA D. SMITH	15195 NE 2ND AVENUE	MIAMI, FL 33162

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 contained in Chapter 119, 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:

*Albert A. Smith*

ALBERT A. SMITH

03/31/2009

305.244.4041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13aw