

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATE



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003357

1. Corporation Name

LINDA L. SMITH & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

1717 SOUTH SECOND STREET  
JACKSONVILLE BEACH FL 32250

1717 SOUTH SECOND STREET  
JACKSONVILLE BEACH FL 32250

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

P.O. Box 49130

Suite, Apt. #, etc.  
Jax Bch FL

City & State  
32240-9130

Zip Country

3. New Mailing Office Address, If Applicable

P.O. Box 49130

Suite, Apt. #, etc.  
JACKSONVILLE Bch FL

City & State  
32240-9130

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/06/2001

5. FEI Number

59-3690076

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
D	SMITH, LINDA L	1717 SOUTH SECOND STREET 420 LOWER 36th Ave S.	JACKSONVILLE BEACH FL 32250
D	BLANKENSHIP, KIMBERLY A	1300 MARSH LANDING PARKWAY, #108 2716 St. Johns Ave	JACKSONVILLE BEACH FL 32250 32205

300008886823  
11/08/02--01047--007 \*\*158.75

8. Name and Address of Current Registered Agent

BLANKENSHIP, KIMBERLY A ESQ.  
1300 MARSH LANDING PKWY, SUITE 108  
JACKSONVILLE BEACH FL 32250-2407

9. Name and Address of New Registered Agent

Name Kimberly A. Blankenship  
Street Address (P.O. Box Number is Not Acceptable)  
2716 St. Johns Ave  
Suite, Apt. #, Etc Jacksonville FL  
City State Zip Code  
FL 32205

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/5/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/02 904-242-9467

CR2E040 (8/02)

# BLANKENSHIP

LAW FIRM, P.A.

November 1, 2002

Division of Corporations  
Reinstatement Section  
Box 6327  
Tallahassee FL 32314-6327

**Re: Linda L. Smith & Associates, Inc.**

Dear Clerk:

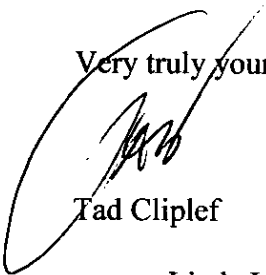
Attached is the reinstatement application for my client. We are asking you to waive the penalty. Ms. Smith moved this year and the UBR did not get forwarded to her new address.

You will notice new addresses have been provided on the reinstatement form.

Thank you for your consideration and please contact me directly if you have any questions.

I have enclosed \$158.75 to cover the annual reporting fee and a certificate of status.

Very truly yours,



Tad Cliplef

cc: Linda L. Smith