

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR 20 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013695

1. Corporation Name

SMITHCO., INC.

Principal Place of Business

Mailing Address

1095 LEMON BLUFF RD.  
OSTEEN FL 32764

1095 LEMON BLUFF RD.  
OSTEEN FL 32764

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2001

5. FEI Number

59-3694992

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	SMITH, M. SHANE	1095 LEMON BLUFF RD.	OSTEEN FL 32764

200030499372  
03/16/04--01004--009 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, M. SHANE  
1095 LEMON BLUFF RD.  
OSTEEN FL 32764

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Shane Smith* Presendit

Date 2-28-04

REGISTERED AGENT MUST SIGN

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:

*Shane Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04 -407-314 5743

CR2E040 (7/03)

# SMITHCO, INC.

2052

1095 LEMON BLUFF RD.  
OSTEEN FLORIDA 32764  
VOLUSIA COUNTY  
407-322-3650

To Reinstatement department  
Dear Glenda E. HOOD

I am righting you to day to ask you to please reinstate this corporation  
I am very sorry that the fee was not paid .  
I have check with the book keeper to see why this was not paid  
It was found that we did not receive the documents for payment.  
We found this out when our accounted was doing our taxes we have check all  
Paper that was sent to us from the state and can not find it please  
excepted my apologise for this oversight If you can take care of this mater  
I insure you that this will not happen again I know now when to expected -it .  
Thank you for your help with this matter if you need to talk to me please call the  
Number above enclosed is a check for the fee If there is more money that you  
need please notified me.

Sincerely yours  
Shane M Smith

