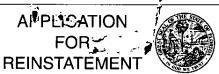
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



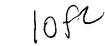
## FLORIDA DEPARTMENT OF STATE Glenda E. Haod Secretary of State

DIVISION OF CORPORATIONS

FILED

04 APR 20 AM 8: 28

SECHETARY OF STATE TALLAHASSEE, FLORIDA



DOCUMENT# PO	10	)00(	01	3695	)
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1. Corporation Name

SMITHCO., INC.

Principal Place of Business

Mailing Address

1095 LEMON BLUFF RD. 1095 LEMO OSTEEN FL 32764 OSTEEN F				n Bluff rd. 32764							
If above addresses are incorrect in any way, line through incorrect information and enter correction below.						ISHNEY TATEMENT 05-09					
			_	New Mailing Office Address, If Applicable uite, Apt. #, etc.			4. Date Incorp	<u>ে এ ে ১ গ জন্ম থ চ কর।</u> porated or Qualified ness in Florida		<del></del>	
Suite, Apt. #, etc. Suit		Suite, Apt. #,	02/05/2001  5. FEI Number Applied								
City & State City & S			City & State	te			-	59-3694992		Not Applicable	
Zip		Country	Zip		Counti	у	6. CERTIFICATI	E OF STATUS DESIRED	\$8.75 Addit for a Cert	ional Fee required ficate of Status	
7. Names	and Street Ad	dresses of Each Officer and	/or Director (Flo	rida nonpro	ofit corpora	ations must list at lea	ast 3 directors)				
Title(s)	Title(s) Name of Officers			Street Address of Each Officer and/or Director			<del></del>				
CDO				1095 LEMON BLUFF RD.							
							03 <b>71</b> 5.	10030493 /040100400	3372 9 **3)	0. 00	
	Ω Non	a and Addross of Current	Posistared Age			7	0. N	Address of No. 20 de			
8. Name and Address of Current Registered Agent Name					Name	Name and Address of New Registered Agent					
SMITH, M. SHANE 1095 LEMON BLUFF RD. OSTEEN FL 32764					Street Address (P.O. Box Number is Not Acceptable)  Suite: Apt. #, Etc.						
						City	<del></del>		State Zip Co	ode	
10. I, being Signature of Registered		e registered agent of the ab	ove named corporate property of the property o	nesen	<i>idit</i>		bligations of Sect		7.0505, F.S.		
11. I certify	that I am an	officer or director or the rece	iver or trustee er	npowered t	o execute	this application as p	provided for in cha	apter 607 or 617, F.S. I fu	rther certify th	at 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.

9-14-04 -407-3145743

Date Daytime Phone #

2082

## SMITHCO, INC.

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 apologue 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

