## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCU  1. Entity Nam	# P01000020	314				FILED				
	iding, Improver	nents &	Construction			04	FEB 24	PM 4: 35		
Co.	DO N	OT WRITE	IN T	HIS SPA	CE	-	SEC TAL	ORETARY C LAHASSEE	F STATE , FLORIDA	
2. Principal Place of Business 9605 NW 81 Street			3. Mailing Address same					ergen"	T	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				einstat	MANE IN HIS	SPAGE 032	
City & State -Tamarac, FL			City & State			4	651080 h. FEI Number	934	Applied For Not Applicable	
Zip 33321		Country United States	Zip	· Co	untry	5	i. Certificate of Status De	sired	\$8.75 Additional Fee Required	
4"		•	-			7.	Name and Address of C	urrent Registere	i Agent	
				•	Name Spiegel & Utrera					
DO NOT WRITE					Street Ad	set Address (P.O. Box Number is Not Acceptable)				
IN THIS SPAC				:	1840 C	oral Wa	Way, 4th Floor			
				1. N	City Mia	Miami , FL Zip Code 33145 .				
the obligat	by: Na Signature, typed nuary 1 - Ma After May 1 Amended		#	spiegel	& utre	era, p	2	236 DATE	\$5.00 May Be	
10.		OFFICERS AND								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Christopher A. Smith 9605 NW 81 St., Tamarac, FL 33321			1 1	TLE AME HIEET ADDRESS TY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD O.J. Smith 9605 NW 81 St., Tamarac, FL 33321			и • S	TLE AME: ITEET ADDRESS ITY-ST-ZIP	,	000030393440 03/12/0401065008 **300.00			
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TITLE NAME STREET ADDRESS				N	TLE AME PREET AODRESS					

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this seport as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CHY-ST-ZIP

TITLE

NAME

CHY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

TITLE

NAME

Christopher A. Smith February

## AFFIDAVIT IN SUPPORT OF REQUEST TO WAIVE THE FLORIDA DEPARTMENT OF STATE CORPORATE REINSTATEMENT FEES

2082

STATE OF FLORIDA	)
	)
COUNTY OF BROWARD	)

- 1. Christopher A. Smith is the President of SMITH'S HOMESIDING, IMPROVEMENTS & CONSTRUCTION CO., a Florida corporation, (hereinafter "Corporation").
- 2. That the Corporation was administratively dissolved by the Florida Department of State on 19 September 2003.
- 3. That the Corporation failed to file its 2003, 2004 Annual Report or pay the 2003, 2004 Annual Report filing fee within the time prescribed by Florida Statutes Chapter 607 because:
  - 3.1 the written notice and requirements for filing the Annual Report and pay the Annual Report fee to the Florida Department of State was never received by the Corporation; and,
  - 3.2 the written notice was never received by the Corporation or its Registered Agent that the Florida Department of State was commencing a procedure to administratively dissolve the Corporation.
- 4. The Corporation requests the Florida Department of State reinstate the Corporation upon the payment by the Corporation of its 2003, 2004 Annual Report fees and the filing of its 2003, 2004 Annual Reports, which are presented simultaneously with this Affidavit.
- 5. SMITH'S HOMESIDING, IMPROVEMENTS & CONSTRUCTION CO. satisfies the requirements of the Florida Statutes 607,0401.
- 6. No further ground or grounds exist for the administrative dissolution of the Corporation.

Dated: 12th day of February, 2004

FURTHER, AFFIANT SAYETH NOT

SMITH'S HOMESIDING, IMPROVEMENTS & CONSTRUCTION CO.

By: Christopher A. Smith, President

	DEBBIE L. SMITH
1573S.	Commission # DD0180848
	Expires 2/8/2007
No.	Bonded through
(800-432-4254)	Florida Notary Assn., Inc.

before me this 2th day of February, 2004

Dellie L. James

Notary Public, State of Florida at Large

Printed Name: Deble C. Smith

Commission Expires: Q.8.2007