

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRET
FALL 2005

DOCUMENT #

PO1000034039

1. Corporation Name

Conference Smith, Inc.

W05000037900

2. Principal Office Address

340 Candy Lane

Suite, Apt. #, etc.

3. Mailing Office Address

340 Candy Lane

Suite, Apt. #, etc.

City & State

Deland FL

City & State

Deland FL

Zip

32720

Country

USA

Zip

32720

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/01

5. FEI Number

42-1546948

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

CHARLES S. SMITH

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

340 CANDY LANE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

Charles S. Smith

REGISTERED AGENT MUST SIGN

Date

8/18/2005

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
Pres	Charles S. Smith	340 CANDY LANE	Deland, FL. 32720
V-P	"	"	"
Sec/Treas	"	"	"

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 under section 119.07(3)(f), 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

Charles S. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8-18-2005 386-738-3967

Daytime Phone #

CR2081 (01/05)