

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000041842

1. Corporation Name

SMITH-KELLEY, INC.

Principal Place of Business

1925 HARRISON STREET  
HOLLYWOOD FL 33020

Mailing Address

1925 HARRISON STREET  
HOLLYWOOD FL 33020

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

04/25/2001

5. FEI Number

65-1101466

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)

Name of Officers and/or Directors

Street Address of Each Officer and/or Director

City / State / Zip

DPS

Kye Smith

1925 Harrison St.  
Hollywood

Hollywood, FL 33020

800009052428  
11/18/02--01083--015 \*\*150.00

8. Name and Address of Current Registered Agent

SMITH, KYE  
1925 HARRISON STREET  
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 15 November 2002

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

15 November 2002

Date

Daytime Phone #

CR2E040 (8/02)

FILED  
Nov 15, 2002 8:00 A.  
Secretary of State



**Smith-Kelley, Inc.  
1925 Harrison St.  
Hollywood, FL 33020-5017**

November 15, 2002

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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To Whom It May Concern:

We ask for a waiver of the \$600.00 reinstatement fee because our 2002 Uniform Business Report was sent to our competitor, Pineapples Restaurant & Bar, Inc. also located at 1925 Harrison St., Hollywood, FL 33020. Our competitor was not operational at the time so they ignored the subsequent notices until their new manager took over on October 2002.

We enclosed a \$150.00 payable the Florida Department of State for our 2002 Uniform Business Report.

Kye Smith,  
President  
Smith-Kelley, Inc.