


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**
02-03

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000047533

1. Corporation Name

SMART DOLLAR, INC.

2. Principal Office Address

6020 Dunbeath St. No.

Suite, Apt. #, etc.

City & State

St. Petersburg Fl.

Zip

33709

Country

U.S.A.

3. Mailing Office Address

6020 Dunbeath St. No.

Suite, Apt. #, etc.

City & State

St. Petersburg Fl.

Zip

33709

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/11/2001

5. FEI Number

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

Roger C. Padgett

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

6020 Dunbeath St. No.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33709

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**

Roger C. Padgett

Date **06/29/2003**

REGISTERED AGENT MUST SIGN

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
P/T	Roger C. Padgett	6020 Dunbeath St. No.	St. Petersburg Fl. 33709
V/S	Sheila L. Padgett	6020 Dunbeath St. No.	St. Petersburg Fl. 33709

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)(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: *Roger C. Padgett* **ROGER C. PADGETT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/29/2003 1-727-541-1472

Date

Daytime Phone #

FILED

03 JUL 11 PM 6:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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JUNE 30, 2003

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

To Whom It May Concern:

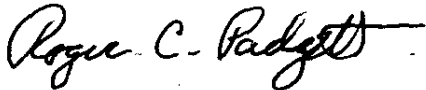
We are writing to request that you review our file and Corporation Document #P01000047533. In addition, we also ask that you waive the penalty fees for failure to file the Annual Report and accept our application for reinstatement.

We are asking that you waive these fees based on the fact that, to the best of our knowledge, we never received notice the Annual Report was due.

Two years ago my wife and I had hopes of starting our own business. The location we had chosen did not work out and then we encountered a hardship that put our plans on hold. At the time we were unaware that you must file each year. We never opened the business or applied for an FEI Number.

We have both worked very hard to save enough money to again pursue our ambitions to open our own business. We would greatly appreciate your help concerning this matter and thank you in advance for your consideration in waiving these fees.

Sincerely,

A handwritten signature in black ink, reading "Roger C. Padgett". The signature is written in a cursive style with a horizontal line extending from the end.

Roger C. Padgett