

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 01 AM 10:56

DOCUMENT # **PO1000052754**

1. Corporation Name

**GEORGE SMITH BROKERAGE INC.
8140 Belvedere Rd. #2
West Palm Beach, Fl. 33411**

2. Principal Office Address - No P.O. Box #

8140 Belvedere Rd

Suite, Apt. #, etc.

#2

3. Mailing Office Address

8140 Belvedere Rd

Suite, Apt. #, etc.

#2

City & State

West Palm Beach, Fl.

City & State

West Palm Beach, Fl.

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

300170695323
02/26/10--01043--007 **750.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

05/29/2001

5. FEI Number

65-1106276

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

Kevin Smith

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

15856 93rd St N

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33412

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Kevin Smith

Date **02/23/10**

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
Pres.	Kevin Smith	15856 93rd St N	W. Palm Beach, Fl. 33412
V. Pres	BARBARA COCHRANE	11159 47th Rd N	W. Palm Beach, Fl. 33411
			B 3/1/10
			07-10
REINSTATEMENT			

10. E-mail Address: **gsmithbrkg@aol.com**

(To be used for future annual report notification)

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. I further certify, 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:

Kevin Smith

KEVIN SMITH

02/23/10 954-214-4389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #