

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000092613

1. Corporation Name
SMART REMODELING INC.

Principal Place of Business
4800 MONTAUK ST.
ORLANDO FL 32808

Mailing Address
4800 MONTAUK ST.
ORLANDO FL 32808

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
NO change
City & State
NO change

Zip
SAME

Country
SAME

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SAME
City & State
SAME

Zip
SAME

Country
SAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV 21 PM 4:00



400009352504
12/04/02--01065--014 **150.00

4. Date Incorporated or Qualified To Do Business in Florida
09/21/2001

5. FEI Number
59-3617163

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
D	ANTOINE, FRANCIS	4800 MONTAUK ST.	ORLANDO FL 32808

8. Name and Address of Current Registered Agent

ANTOINE, FRANCIS
4800 MONTAUK ST.
ORLANDO FL 32808

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
REGISTERED AGENT MUST SIGN

Date 11-12-2002

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

Date 11-12-2002
Daytime Phone #

CR2E040 (8/02)

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Florida Department Of State
Department Of Corporations
Tallahassee Florida.

Dear Madam / Sir,

Please find enclosed a copy of my annual report for the year 2002 plus a check in the amount of one hundred fifty dollars (\$150.00). As I discussed over the phone earlier this week I thought that I had satisfied my entire requirement when I sent in my check and the annual report. I did not find anything in the mail to indicate that I was delinquent. Please accept my apology if I was not in compliance earlier in February. I trust that this submission will reinstate my corporation. The name of my corporation is SMART REMODELING INC. The Document number is P01000092613. *THE reject letter was never recieved. And was not aware of actions that were needed to be taken. Please accept my apology and remove any necessary applicable penalties.*
Sincerely,

Francis Antoine
ANTOINE FRANCIS