

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

FILED

03 JUL -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**

DOCUMENT #

PO1000092613

1. Corporation Name

SMART REMODELING INC.

2. Principal Office Address

100 S BUMBY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

Country

Zip

Country

32803

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

9/21/2001

5. FEI Number

59-3617163

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$6.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

ANTOINE, FRANCIS

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

100 S BUMBY AVE

Suite, Apt. #, Etc.

City

ORLANDO

State Zip Code

FL 32803

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

Francis Antoine

Date 7/8/2003

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 / Street / Zip
D/P	ANTOINE, FRANCIS	100 S BUMBY AVE	ORLANDO, FL-32803

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:

Francis Antoine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/2003

Date

Daytime Phone #

27110

07/08/03

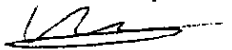
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

~~This letter is to inform that this Corporation has relocated. The Corporation did~~
not receive a Annual Corporate Report. Due to these circumstances we are asking
that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson
Robinson Accounting of America Inc.