

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

09 OCT -5 PM 12:05

DOCUMENT # PO1000114882

1. Corporation Name

Smart Jewelers INC

200161327382
10/05/09--01045--012 **308.75

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

706 E. TARPON AVE

Suite, Apt. #, etc.

3. Mailing Office Address

706 E. TARPON AVE

Suite, Apt. #, etc.

City & State

Tarpon Springs

City & State

Tarpon Springs FL

Zip

34689

Country

Pinellas

Zip

34689

Country

Pinellas

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

12-20-01

5. FEI Number

26-0001050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$d.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

Richard A. Smart

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

706 E. TARPON AVE

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

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

REGISTERED AGENT MUST SIGN

Date 10-1-09

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
D	Richard A. Smart	706 E. TARPON AVE	Tarpon Springs, FL 34689
D	Jane Smart	706 E. TARPON AVE	Tarpon Springs, FL 34689

REINSTATEMENT 08-09 10/6/09
BS

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/1/09

Daytime Phone #

727-934-4F32