

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:42

DOCUMENT # P 02000021815

1. Corporation Name

CHRISTY B SMITH, PA

**REINSTATEMENT** 03-05

2. Principal Office Address

5513 DONNELLY CIRCLE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32821

Country

US

3. Mailing Office Address

5513 DONNELLY CIRCLE

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/03 90066 046

\$150.00

5. FEI Number

03-0398901

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

CHRISTY B SMITH

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

5513 DONNELLY CIRCLE

Suite, Apt. #, Etc.

City

ORLANDO, FL

State

FL

Zip Code

32821

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

1/27/05

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.	CHRISTY B SMITH	5513 DONNELLY CIR	ORLANDO, FL 32821

400046295684  
02/10/05--01011--020 \*\*300.00

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)(f), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/05

Daytime Phone #

407448-3717

CR2E081 (01/05)

2072

**Christy B Smith, PA.**

5513 Donnelly Circle, Orlando, FL 32821

January 27; 2005

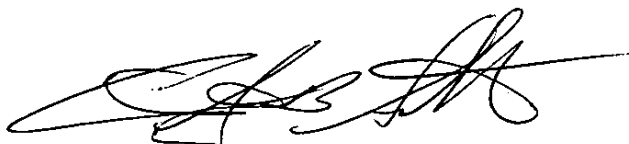
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

I was recently informed that my FL corporation was dissolved administratively because some additional information was requested of me and not received back. I never received the request and didn't know it would lead to dissolving it.

Will you please waive the penalty and accept my check for \$300 to reinstate (\$150 has already been paid).

Sincerely,

A handwritten signature in black ink, appearing to be 'Christy B Smith', written in a cursive style.

Christy B Smith  
Owner/President