

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR -3 PM 12:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000044351

**1. Corporation Name**

Smith's Custom Equipment Service, Inc.

**2. Principal Office Address**

1865 SW Kanner Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

United States

**3. Mailing Office Address**

1865 SW Kanner Highway

Suite, Apt. #, etc.

City & State

Stuart, FL

Zip

34997

Country

United States

**4. Date Incorporated or Qualified  
To Do Business in Florida** 04/23/2002

**5. FEI Number**

☒ 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

Craig I. Kelley

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

1665 Palm Beach Lakes Blvd

Suite, Apt. #, Etc.

Suite 1000

City

West Palm Beach

State

FL

Zip Code

33401

**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

*Craig I. Kelley*

REGISTERED AGENT MUST SIGN

Date February 25, 2004

**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	Chester Smith	1865 SW Kanner Highway	Stuart, FL 34997
D	Mark Smith	1865 SW Kanner Highway	Stuart, FL 34997

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2004

Date

772-201-9276

Daytime Phone #

CR2E081 (01/04)

**Smith's Custom Equipment Service, Inc.**  
**1865 SW Kanner Highway**  
**Stuart, FL 34997**

February 25, 2004

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Smith's Custom Equipment Service, Inc.  
Document Number: P02000044351

Dear Sir or Madam:

Pursuant to my telephone conversation today and your instructions, enclosed herewith please find a check for \$300.00 along with an executed copy of the Corporate Reinstatement form.

Please be advised that I did not receive a copy of the Annual Report for 2003.

Please accept this reinstatement of the above corporation.

If you have any questions or require additional information, please contact my attorney, Craig I. Kelley, 1665 Palm Beach Lakes Blvd, Suite 1000, West Palm Beach, FL 33401, phone number: 561-684-5524 or fax: 561-684-3773. Thank you.

Sincerely,



Mark Smith, Director

Enclosures - check and reinstatement form