

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000117119

1. Corporation Name

Robert T Smylie PA

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

217 Commodore Drive

Suite, Apt. #, etc.

3. Mailing Office Address

217 Commodore Drive

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

USA

Zip

3377

Country

USA

7. Name and Address of Current Registered Agent

Name

Robert T Smylie

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

217 Commodore Drive

Suite, Apt. #, Etc.

City

Jupiter,

State

FL

Zip Code

33477

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

Date

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 / State / Zip
D	Smylie, Robert T	217 Commodore Drive	Jupiter, FL 33477

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Robert T. Smylie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 JUN 15 PM 4:13

RECEIVED DATE
JUN 15 2002 FLORIDA

200182094192

06/15/10--01019--014 **\$00.00

REINSTATEMENT

09-10

4. Date Incorporated or Qualified

To Do Business in Florida 11/2/2002

5. FEI Number

05-0540733

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

6/16/10