

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000129800

1. Corporation Name

BILL SMITH ENTERPRISES, INC.

Principal Place of Business

6523 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043

Mailing Address

6523 RIVER POINT DRIVE
GREEN COVE SPRINGS FL 32043

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2002

5. FEI Number

36-4514823

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, WILLIAM	6523 RIVER POINT DRIVE	GREEN COVE SPRINGS FL 32043

300023971533
10/21/03--01072--023 **750.00

8. Name and Address of Current Registered Agent

KIRCHER, SALLY J ESQ,
ONE INDEPENDENT DRIVE
SUITE 8303
JACKSONVILLE FL 32202-5027

William H Smith
6523 River Point Dr
Green Cove Spgs, FL
32043

9. Name and Address of New Registered Agent

Name
William H. Smith
Street Address (P.O. Box Number is Not Acceptable)
6523 RIVER POINT DRIVE
Suite, Apt. #, Etc.

City
GREEN COVE SPRINGS
State
FL
Zip Code
32043

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

William H Smith

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 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:

William H Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03 386-3284000

Daytime Phone #

CR20040 (7/03)