

FILING CANCELLED
RETURNED CHECK

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 12:02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000053809**

1. Corporation Name

**SMC of Jacksonville, INC.
9458 Carbondale Dr. East
Jacksonville, Fla. 32208-1589**

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

9458 Carbondale Dr. E.

Suite, Apt. #, etc.

3. Mailing Office Address

YES

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Fla. 32208

Zip

Country

32208

Zip

Country

REINSTATEMENT

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

56-2345470

☐ 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

Michelle Cohen

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

9458 Carbondale Dr. East

Suite, Apt. #, Etc.

Jacksonville, Fla. 32208

City

State

Zip Code

FL

☒ 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.

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

Michelle Cohen

REGISTERED AGENT MUST SIGN

Date **1-14-2009**

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
Pre	Steven Cohen	2252 West 10th St	Jacksonville, Fla. 32209
			600166675726
			01/20/10--01004--003 **600.00

10. E-mail Address: **CohensEvents@yahoo.com**

(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, 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:

Cos

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2009