

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P03000125566**

1. Corporation Name

Randall Smith Landscaping & Tree Service Inc.

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

5514 Flaxman St

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32506

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

300167768063  
02/02/10--01012--017 \*\*450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified  
To Do Business in Florida 11/04/03

5. FEI Number  
20-1833052

☐ 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

Randall E. Smith

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

5514 Flaxman St

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32506

☒ 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

Date Jan. 15, 2010

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
P	Randall E. Smith	5514 Flaxman St	Pensacola, FL 32506
VP	Kimberly W. Smith	5514 Flaxman St	Pensacola, FL 32506
			K 2/3

10. E-mail Address: RSMITHLANDSCP@AOL.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, 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:

Randall E. Smith

01/15/10

850-384-8553

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #