

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000064199

FILED  
Oct 05, 2007  
Secretary of State

Entity Name: SMITH HOMES & REMODELING SERVICES, INC.

**Current Principal Place of Business:**

520 PEACOCK TERR.  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2533  
MARCO ISLAND, FL 34146

**New Mailing Address:**

FEI Number: 20-1013646

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CAREY L  
520 PEACOCK TERRACE  
MARCO ISLAND, FL 34145 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAREY L. SMITH

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: THELIN, RICHARD T  
Address: 25000 US 41 EAST ART. F-176  
City-St-Zip: NAPLES, FL 34114

Title: T ( ) Delete  
Name: SHORTNACY, WILLIAM G  
Address: 3887 20TH AVE SE  
City-St-Zip: NAPLES, FL 34117

Title: P ( ) Delete  
Name: SMITH, CAREY L  
Address: 520 PEACOCK TERR.  
City-St-Zip: MARCO ISLAND, FL 34145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAREY L. SMITH

Electronic Signature of Signing Officer or Director

OWNE

10/05/2007

Date