

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000133557

**FILED**  
**Dec 23, 2009**  
**Secretary of State**

**Entity Name:** NOAL SMITH, INC.

**Current Principal Place of Business:**

90 BEAL PKWY  
SUITE C  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

331 PLYMOUTH AVENUE  
FORT WALTON BEACH, FL 32547 US

**Current Mailing Address:**

90 BEAL PKWY  
SUITE C  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

331 PLYMOUTH AVENUE  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 20-1654753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, NOAL  
124 GARFIELD DR.  
FORT WALTON BEACH, FL 32548 US

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

SMITH, NOAL  
331 PLYMOUTH AVENUE  
FORT WALTON BEACH, FL 32547 US

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: NOAL SMITH

12/23/2009

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: P ( ) Delete  
Name: SMITH, NOAL  
Address: 124 GARFIELD DR.  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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

Title: P (X) Change ( ) Addition  
Name: SMITH, NOAL  
Address: 331 PLYMOUTH AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: NOAL SMITH

P

12/23/2009

Electronic Signature of Signing Officer or Director

Date