## 2006 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P05000073734				<u> </u>
1. Entity Name				<u> </u>
LORE D. SMITH, P.A.			06 020 10 10:01	
Principal Place of B	Business	Mailing Address		1/2
250 NIGHTINGALE TRAIL		250 NIGHTINGALE TRA	AIL (	TALLA INC.
PALM BEACH, FL 33480		PALM BEACH, FL 334	80	KAR.
				A LEGALETA JOS GRAPA GIVIL ROLLA GRAVA GRAVA GRAVA LAGRA ROLLA GRAVA CONTROL DE LAGRA DE LA CONTROL DE LA CONT
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		C A #	<del></del>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10122006 TREW AT TEMPORATION 2000
City & State		City & State		4. FEI Number Applied For
Zip	Country	Zip	Country	AS - /9/7778 Not Applicable  5. Cartificate of Status Decised.   \$8.75 Additional
			,	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SMITH, LORE D			Name	
250 NIGHTINGALE TRAIL PALM BEACH, FL 33480		Street Addres	s (P.O. Box Number is Not Acceptable)	
PALM BEACH, FL 33480				
			City	FL Zip Code
8. The above name	ed entity submits this statement f	or the purpose of changing its	realistered office or realis	tered agent, or both, in the State of Florida. I am familiar with, and accept
the obligations of	of registered agent.	^	,	
SIGNATURE	on D. Am	ith		Mov. 15, 2006
Signate	ture, typed or printed name of registered agen	it and title if applicable. (NOT	E: Registered Agent signature re	
FILEING	OW!!! FEE IS \$150.00			In accordance with s. 607.193(2)(b), F.S., the
After January	y 1, 2007, Fee will be \$300.	00		corporation did not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D	ITU LODE D	☐ Delete	TITLE	☐ Change ☐ Addition
	IITH, LORE D NIGHTINGALE TRAIL		NAME STREET ADDRESS	000082458210 12/12/0601013002 **150.00
CITY-ST-ZIP PAL	LM BEACH, FL 33480		CITY-ST-ZIP	12/12/0601013002 **150.80
TITLE		☐ Delete	TITLE	Change Addition
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CITY-SI-ZIP			CITY ST-ZIP	
TITLE	<del></del>	☐ Delete	TIFLE	☐ Change ☐ Addition
NAME CAREEL ADDRESS			NAME	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY ST ZIP	
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