

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
09 NOV 20 PM 2: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

P05000074693  
SMATHIS, INC.

**REINSTATEMENT 2009**

800162844008  
11/16/09--01028--029 \*\*158.75  
CR2E081 (12/07)

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

1784 Hollow Glen Dr

3. Mailing Office Address

1784 Hollow Glen Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Middleburg, FL

City & State

Middleburg, FL

Zip

32068

Country

USA

Zip

32068

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

510545311

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

Sharon L. Mathis

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

1784 Hollow Glen Dr

Suite, Apt. #, Etc.

City

Middleburg

State

FL

Zip Code

32068

☒ 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

Sharon L. Mathis

Date 11-9-2009

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
<del>Officer</del>			
President	Sharon L. Mathis	1784 Hollow Glen Dr.	Middleburg, FL 32068
			11/24

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: Sharon L. Mathis Sharon L. Mathis 11-20-09 887.6479  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #