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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


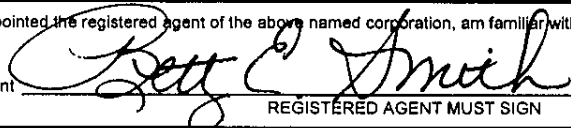
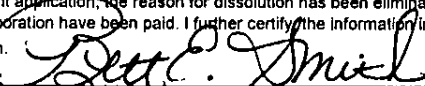
10 MAY -4 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000176891830
05/04/10--01055--007 **63.75
000176891830
04/21/10--01029--003 **236.25

CR2E081 (11/09)

09-10

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p>000176891830 05/04/10--01055--007 **63.75 000176891830 04/21/10--01029--003 **236.25</p> <p>CR2E081 (11/09)</p> <p>09-10</p>	
DOCUMENT # P06000033530					
1. Corporation Name BETTY ELLEN SMITH, P.A.					
2. Principal Office Address - No P.O. Box # 2865 Hatteras Way Suite, Apt. #, etc.		3. Mailing Office Address 2865 Hatteras Way Suite, Apt. #, etc.			
City & State Naples, Florida		City & State Naples, Florida		4. Date Incorporated or Qualified To Do Business in Florida 03/07/2006	
Zip 34119	Country USA	Zip 34119	Country USA	5. FEI Number 841704203	
				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent Name Betty E Smith Street Address (P.O. Box Number is Not Acceptable) 2865 Hatteras Way Suite, Apt. #, Etc. City Naples				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				<input checked="" type="checkbox"/> 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 04/18/2010 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		
Pres	Betty E Smith	2865 Hatteras Way	Naples, FI 34119		
VP	Betty E Smith	2865 Hatteras Way	Naples, FI 34119		
Sec	Betty E Smith	2865 Hatteras Way	Naples, FI 34119		
REINSTATEMENT					
10. E-mail Address: bettys4310@comcast.net					
<small>(To be used for future annual report notification)</small>					
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: 		Betty Ellen Smith		04/18/2010 239-821-7608	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	