

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000034904

1. Entity Name
SMART ALLECK'S, INC.



FILED

07 NOV 21 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1732 ATHENS COURT
LAKELAND, FL 33803 US

Mailing Address
1732 ATHENS COURT
LAKELAND, FL 33803 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country



REINSTATEMENT 2007

4. FEI Number
86-1162043

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PECK, SUSAN K
1732 ATHENS COURT
LAKELAND, FL 33803

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PECK, SUSAN K			NAME			
STREET ADDRESS	1732 ATHENS COURT			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33803			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ALLEN, LORI D			NAME			
STREET ADDRESS	4733 KIMBALL COURT W.			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND, FL 33813			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan K Peck* 11/16/07 803 688 9596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL E. DOLCE CPA, P.A.
CERTIFIED PUBLIC ACCOUNTANT

**1708 MOCKINGBIRD LANE
LAKELAND, FLORIDA 33801**

**PHONE (863) 688-6685
FAX (863) 688-5293**

November 12, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Corporation Reinstatement
Smart Allecks, Inc.
Document #P06000034904

Dear Sir/Madam:

Enclosed please find an application of reinstatement for the above corporation. Please be advised that the taxpayer is unaware of receiving the annual report notice. Had the taxpayer received the notice it would have been promptly paid. We are asking that you waive the \$600.00 Reinstatement Fee. Enclosed is a check for \$150.00--Annual Report Fee for 2007.

Thank you for your assistance in this matter. If you have any questions please contact me or the taxpayer.

Very truly yours,

Michael E. Dolce

MED/kd

Enclosures