

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 DEC 11 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000080553

1. Corporation Name

SMITH AND GRIFFIN

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

5202 VIKING RD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32507

Country

US

3. Mailing Office Address

5202 VIKING RD.

Suite, Apt. #, etc.

City & State

PENSACOLA, FLORIDA

Zip

32507

Country

US

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

06/13/2006

5. FEI Number

☒ 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

DAVID SMITH

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

5202 VIKING RD

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32507

☒ 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.

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12/16/08--01008--015 \*\*300.00

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

REGISTERED AGENT MUST SIGN

Date 12/11/2008

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip  |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| CEO    | DAVID SMITH                          | 5202 VIKING RD                                    | PENSACOLA, FL 32507 |
|        |                                      |                                                   |                     |
|        |                                      |                                                   |                     |
|        |                                      |                                                   |                     |
|        |                                      |                                                   |                     |

REINSTATEMENT  
07-08  
JES

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/2008

Date

Daytime Phone #