

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 FEB -7 AM 2:49

DOCUMENT # P07000130065

1. Corporation Name

Smukler Services Inc.

REINSTATEMENT 11-12

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

3. Mailing Office Address

12132 NW 75 Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Parkland FL

City & State

Zip

33076

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/07

5. FEI Number

26-1544762

☐ 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

Robert Smukler

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

12132 NW 75th place

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33076

800220773198
02/07/12--01022--017 **750.00

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

Robert Smukler

Date

2/1/12

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
<u>President</u>	<u>Robert Smukler</u>	<u>12132 NW 75th place</u>	<u>Parkland FL 33076</u>

10. E-mail Address: robertsmukler@bellsouth.net

(To be used for future annual report notification)

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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Robert Smukler

504 07 2012

OUTLER