

P13000000A806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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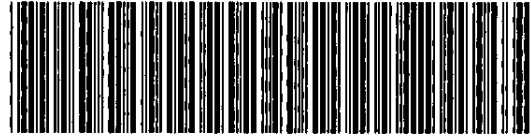
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/15

8

November 15, 2012

Subject: Donald Smith Rehabilitation  
Engineering Consultant, Inc

Reference Number W12000055768

I have no intention of reinstating the name  
of ~~our~~ corporation - Donald Smith Rehabilitation  
Engineering Consultant, Inc. I am  
releasing the name.

Patricia L Smith

Mailed by certified mail 1-7-13  
PS Smith



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2012

PATRICIA L. SMITH  
120 E TRADEWINDS RD  
WINTER SPRINGS, FL 32708

SUBJECT: DONALD SMITH REHABILITATION ENGINEERING CONSULTANT,  
INC.  
Ref. Number: W12000055768

We have received your document for DONALD SMITH REHABILITATION ENGINEERING CONSULTANT, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

407-252-8788 cell  
407-695-1148 fax  
patriciasmith3@floridacorp.com

*How do  
do that  
so it won't  
be effective  
until  
Jan 1, 2013*

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 512A00026698

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Donald Smith Rehabilitation Engineering Consultant, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
120 E. Tradewinds Rd  
Winter Springs, Florida 32708

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide assessments, make recommendations, write reports and do drawings for clients who are handicapped so that modifications can be made to their home to make it handicapped accessible and safe for the client.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Patricia L. Smith -- President  
Address: 120 E. Tradewinds Rd.  
Winter Springs, Florida 32708

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: N/A  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia L. Smith  
Address: 120 E. Tradewinds Rd.  
Winter Springs, Florida 32708

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia L. Smith  
Address: 120 E. Tradewinds Rd.  
Winter Springs, Florida 32708

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

Patricia L. Smith  
Required Signature/Registered Agent

10/23/12  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Patricia L. Smith  
Required Signature/Incorporator

10/23/12  
Date

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TALLAHASSEE FLORIDA