


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE 98-99AR Secretary of State DIVISION OF CORPORATIONS		FILED 99 JUN 21 PM 1:35 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P93000037863				
1. Corporation Name SME, Incorporated				
Principal Place of Business		Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable 101 N. Triplet Lake Dr. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 101 N. Triplet Lake Dr. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 5/24/93
City & State Casselberry, FL		City & State Casselberry, FL		5. FEI Number 59-3184794
Zip 32707	Country USA	Zip 32707	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip	
P/D	James M. Fowler, Jr.	41 N. Triplet Lake Dr.	Casselberry, FL 32707	
D	Susan M. Fowler	41 N. Triplet Lake Dr.	Casselberry, FL 32707	
200002915082--B -06/25/99--01003--018 ****900.00 ****900.00				
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	
James M. Fowler, Jr. 41 N. Triplet Lake Dr. Casselberry, FL 32707			Name James M. Fowler, Jr. Street Address (P.O. Box Number is Not Acceptable) 41 N. Triplet Lake Dr. Suite, Apt. #, Etc. City Casselberry State FL Zip Code 32707	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.				
Signature of Registered Agent <i>James M. Fowler, Jr.</i>		Date 6/16/99		
REGISTERED AGENT MUST SIGN				
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)				
12. 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 taxes owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: <i>James M. Fowler, Jr.</i>		Date 6/16/99		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 407/539-3400		

CR2001 (12/99)