

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



98-99 AR
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 MAY 24 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 093000065888

1. Corporation Name

Smith & Williamson Studios Inc.

Principal Place of Business

Mailing Address

500 Palm St #22
W.P.B, Fla. 33401

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 98990

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

60-22-157507-80

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State Zip
1	2	3	4
VP	Joni Williamson	500 Palm St W.P.B. Fla.	33401
P	Frank W. Smith	500 Palm St W.P.B. Fla.	33401

000002896520-0
-06/07/99-01108-009
****900.00 ****900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Frank W. Smith
811 18th Ave North
Lake Worth Fla

Name
Frank W. Smith
Street Address (P.O. Box Number is Not Acceptable)
811 18th Ave North
Suite, Apt. #, Etc.

City
Lake Worth

State

Zip Code

FL

33460

10. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4-5-99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

561-832-6688

Daytime Phone #

CRP2001 (12-98)