

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000014759

1. Corporation Name

JOHN SMITH & SONS, INC

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

4371 QUAIL ROAD

Suite, Apt. #, etc.

City & State

ST. CLOUD, FL

Zip

34772

Country

OSCEOLA

3. Mailing Office Address

ROAD (SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-21-1994

5. FEI Number

593226913

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.76 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN V. SMITH III

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

2228 ACREE LN

Suite, Apt. #, Etc.

City

KISSIMEE

State

FL

Zip Code

34744

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.

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 5-27-10

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
P	JOHN V. SMITH III	4371 QUAIL ROAD RD	ST CLOUD, FL 34772
VP	DEAN SMITH	4375 QUAIL ROAD RD	ST CLOUD, FL 34772
ET	JOHN V. SMITH IV	7984 SUGAR PINE BLVD	LAKELAND FL, 33810

10. E-mail Address: MRJOHNCFR@CFL.RR.COM

(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., 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.

SIGNATURE:

JOHN V. SMITH III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-27-10

Daytime Phone #

FILED

10 JUN -1 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000181570240
06/01/10--01063--008 **450.00

REINSTATEMENT 08-10
CR2E081 (4/10)