

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 12 AM 7:07

DOCUMENT # P94000075801

1. Corporation Name

JULIE EASON SMITH, P.A.

2. Principal Office Address

2060 Winter Springs Boulevard

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3283464

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

Julie Eason Smith

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

1116 Duncan Drive

Suite, Apt. #, Etc.

Winter Springs, FL 32708

City

Winter Springs

State

FL

Zip Code

32708

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

Julie Eason Smith

REGISTERED AGENT MUST SIGN

Date

7/10/2000

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/V/S T/D	JULIE EASON SMITH	2060 Winter Springs Blvd. Oviedo, FL 32765	Oviedo, FL 32765

10. 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 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:

Julie Eason Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/2000

Date

407/365-9910

Daytime Phone #

CR2E081 (9/99)

JULIE EASON SMITH, P.A.

Attorney At Law

2060 Winter Springs Boulevard

Oviedo, Florida 32765

Telephone: (407) 365-9910

Fax: (407) 365-1239

E-mail: easonsmith@aol.com

July 9, 2000

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

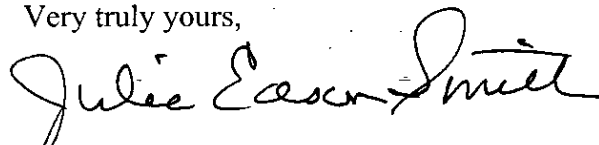
Re: JULIE EASON SMITH, P.A.

Dear Sir or Madam:

In reviewing my corporate record on the Internet, I was shocked to see that my corporation is listed as inactive for failure to file my annual reports. I moved my office location in February, 1998, and though I thought I had notified all of my vendors of my new address, I can only surmise at this point that I inadvertently missed the Division of Corporations.

Accordingly, I am enclosing my application for reinstatement along with my check in the sum of \$458.75, representing \$450.00 reinstatement fee plus \$8.75 Certificate of Status fee and return envelope. Thank you for your consideration.

Very truly yours,



JULIE EASON SMITH, P.A.

JES:clc
enclosures