1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # P94000075801

1. Corporation Name
JULIE EASON SMITH, P.A.

2. Principal Office Address	**3.** Mailing Office Address
2060 Winter Springs Boulevard	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.

City: Winter Springs — State: FL — Zip Code: 32708

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****458.75 ****458.75

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 — Date: 7/10/2000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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

7/19

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 — 7/10/2000 — 407/365-9910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

JULIE EASON SMITH, P.A.

JES:clc
enclosures