

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 12 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P95000056240

1. Corporation Name

Smith Holding K.B. Corp.

2. Principal Office Address

240 Crandon Blvd.

3. Mailing Office Address

240 Crandon Blvd.

Suite, Apt. #, etc.

266

Suite, Apt. #, etc.

266

City & State

Key Biscayne, Fl.

City & State

Key Biscayne, Fl.

Zip

33149

Country

US

Zip

33149

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

07/20/95

5. FEI Number

65-0777665

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

Lisette Salazar, Esq.

100004670951--4

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

240 Crandon Blvd.

\*\*\*1050.00 \*\*\*1050.00

Suite, Apt. #, Etc.

266

**REINSTATEMENT**

City

Key Biscayne

State

FL

Zip Code

33149

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

9-7-01

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
DPS	Sergio Smith	240 Crandon Blvd. #266	Key Biscayne, FL. 33149

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-423-4450

CR2001 (8/00)