

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUL -5 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P950000072253

1. Corporation Name

SMITH INTERIORS INC

2. Principal Office Address

12212 HAMILTON BLVD

3. Mailing Office Address

12212 HAMILTON BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL WEST PALM BEACH, FL

Zip

33412

Country

USA

Zip

33412

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-19-95

5. FEI Number

65-060-8092

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

STEPHEN N H SMITH

000004474070-2

-07/13/01--01022--004

****765.00 ****765.00

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

12212 HAMILTON BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33412

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

STEPHEN N H SMITH

REGISTERED AGENT MUST SIGN

Date 7-3-01

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
PRES	STEPHEN N. H. SMITH	12212 HAMILTON BLVD	W. P. B. FL
V.P.	MARIA D SMITH	12212 HAMILTON BLVD	W P B FL

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:

STEPHEN N H SMITH

STEPHEN N H SMITH

6-19-01

561-795-4847

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)

PAGE TWO

TO WHOM IT MAY CONCERN
THE REASON THE CHECK IS \$765⁰⁰
IS BECAUSE I DID NOT RECEIVE
ANY RE REGISTER PAPERS SINCE '97
UNFORTUNATELY THE DIVISION HAD A
WRONG ADDRESS FOR SMITH INT.
YOU HAVE THE RIGHT ADDRESS NOW
SO I WOULD APPRECIATE IF U COULD
REINSTATE MY COMPANY

ANY QUESTIONS

561-787-5195

Thank You
Steph Smith