

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1902

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine H. ...
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000004459

1. Corporation Name

STEVEN SMITH, INC.

Principal Place of Business

**814 FLEMING STREET
KEY WEST FL 33040**

Mailing Address

**814 FLEMING STREET
KEY WEST FL 33040**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/16/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0725411

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SMITH, STEVEN	814 FLEMING STREET	KEY WEST FL 33040

**500003491435--3
-12/08/00--01017--007
****558.75 ****558.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BROWNING, MICHAEL L
402 APPLEROOTH LANE
KEYWEST FL 33040**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/16/00

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/07/00 305-293-3036

Daytime Phone #



292

November 15, 2000

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327


Re: Steven Smith, Inc.

Dear Sirs:

The above referenced corporation did not receive the Annual Report Notices mailed by the State in time to execute and forward to your office before the September 13, 2000 deadline. The officers of the corporation were unaware of this and an administrative dissolution of the above corporation resulted. Therefore, we are requesting your review and approval for the one time waiver of the reinstatement penalty fee for this corporation. Pursuant to instructions from your office, I have included herewith the Application for Reinstatement Form and a check for the fee of Five hundred and Fifty Dollars and No Cents (\$550.00) to cover the reinstatement fee plus Eight Dollars and Seventy-five Cents (\$8.75) to cover the requested Certificate of Status.

Thank you for your attention to this matter. If you should have any questions, please do not hesitate to call.

Sincerely,


Steven Smith, President
Steven Smith, Inc.

Enclosure as stated

COMMERCIAL REAL ESTATE BROKERAGE

Steven Smith, Broker *** voice: 305-293-3036 *** fax: 305-293-9790
mail: P.O. Box 4493, Key West, FL 33041 *** web site: www.retailsites-usa.com *** e-mail: smith@retailsites-usa.com