

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 NOV 25 AM 9:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000095089

1. Corporation Name

MICHAEL A. SMITH & ASSOCIATES INC.

Principal Place of Business

Mailing Address

~~5023 Whitewood Cove North~~  
~~Lake Worth, FL 33467~~

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

11/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

33308

USA

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PDST	Smith, Michael	<del>5023 Whitewood Cove North</del>	<del>Lake Worth, FL 33467</del>
		5100 N. FEDERAL HWY. SUITE 404 FT. LAUDERDALE, FL	FT. LAUDERDALE, FL. 33308

REINSTATEMENT 98

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TS 11/30/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Smith, Michael A.  
5023 Whitewood Cove North  
Lake Worth, FL 33467

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Michael A. Smith

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information  
on intangible tax.)

12. 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

Michael A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



ACCOUNT NO. : 072100000032

REFERENCE : 041815 84041A

AUTHORIZATION :

*Patricia Pizeto*

COST LIMIT : \$750.00

ORDER DATE : November 23, 1998

ORDER TIME : 3:05 PM

ORDER NO. : 041815-005

CUSTOMER NO: 84041A

CUSTOMER: Ms. Norma Deguenther  
Outback Steakhouse Of Florida,  
Suite 200  
550 North Reo Street  
Tampa, FL 33609

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DIVISION OF CORPORATIONS

DOMESTIC FILINGS

NAME: MICHAEL A. SMITH & ASSOCIATES,  
INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KAREN ROZAR

EXAMINER'S INITIALS

*BS* 11/30/98