

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT -6 PM 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000015146

1. Corporation Name

Rhodes + Associates, Inc.

2. Principal Office Address

1860 N. Pine Island Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 113

Suite, Apt. #, etc.

City & State

Plantation, FL

City & State

Zip

33322

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

Feb. 12, 1998

5. FEI Number

05-0817552

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

Laurence J. Smith, P.A.

800023554128

10/03/03--01086--016 \*\*758 75

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

800 SE 3rd Ave 4th FL

Suite, Apt. #, Etc.

4th FL

City

Fort Lauderdale

State

FL

Zip Code

33316

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

*Laurence J. Smith*

REGISTERED AGENT MUST SIGN

Date

9/30/03

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
PTM	Nadine Smith	1860 N. Pine Island Rd.	Plantation FL 33322
VP S	Laurence Smith	1860 N. Pine Island Rd.	Plantation FL 33322

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)(l), 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

9/30/03

Date

(954) 475-2444

Daytime Phone #

CR2E081 (10/02)

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