

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000039138

1. Corporation Name

The Smith Group, Inc.

2. Principal Office Address - No P.O. Box #

3373 Glenshane Way

Suite, Apt. #, etc.

City & State

Ormond Beach

Zip

32174

Country

USA

3. Mailing Office Address

3373 Glenshane Way

Suite, Apt. #, etc.

City & State

Ormond Beach

Zip

32174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

April 29, 1998

5. FEI Number
59-3510617

☐ 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

Thomas Smith

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

3373 Glenshane Way

Suite, Apt. #, Etc.

City

Ormond Beach

State

FL

Zip Code

32174-2822

500237492405
07/16/12--01048--030 **1500.00

500237492405
09/28/12--01026--001 **150.00

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

Thomas Smith

REGISTERED AGENT MUST SIGN

Date September 22, 2012

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
P	Thomas Smith	3373 Glenshane Way	Ormond Beach, FL 32174
S/T	Pamela Patty Smith	3373 Glenshane Way	Ormond Beach, FL 32174

10. E-mail Address: tom@thesmithgrp.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Thomas Smith* THOMAS SMITH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-22-2012

Date

480-766-3538

Daytime Phone #

AC 9/28/12