

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

02-03 UBA

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL -3 AM 9:56

DOCUMENT # P98000047497

1. Corporation Name

J. LAYNE SMITH, P.A.

2. Principal Office Address

1911 Capital Circle, N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

(Same)

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32308

Country

Leon

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5-28-98

5. FEI Number

59-3512815

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

J. LAYNE SMITH

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

1911 Capital Circle, N.E.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32308

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

*J. Layne Smith*

REGISTERED AGENT MUST SIGN

Date July 2, 2003

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.	J. Layne Smith	1911 Capital Cir., N.E.	Tallahassee, FL 32308
Sec. & Treas.			
Director			

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:

*J. Layne Smith*

J. Layne Smith

7/2/03

850-385-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)