

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
99 NOV 12 PM 4:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000060103**

1. Corporation Name  
**SPECIALTY MARKET CONSULTANTS, INC.**

Principal Place of Business P.O. BOX 8447 CLEARWATER FL 33758	Mailing Address P.O. BOX 8447 CLEARWATER FL 33758
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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 <b>07/08/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>35-1949495</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>SS 75 Additional Fee required for a Certificate of Status</small>	

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
P.O.	K. Michael Jones	PO Box 8447 Clearwater, FL 33758	Clearwater FL 33758
			700003050167-3 -11719799-01087-020 ****750.00 ****750.00
			<b>REINSTATEMENT 99 TS</b>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ACCOUNTING & TAX HELP, INC. 8668 PARK BLVD. SUITE A SEMINOLE FL 33777		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> 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 *Al Clark* **REQUIRED** Date 11-9-99  
REGISTERED AGENT MUST SIGN

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: *K. Michael Jones* *K. Michael Jones* 11/9/99 9271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
530-3881

CR2E040 (8/99)