PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REIN	RPORATION	ENT		Seci	herine H retary of	larris State ORATIONS	E	FILED 02 JAN -2 AM 9:53		
DOCUMENT # 1998 0000 86 325 1. Corporation Name CONRAD-Smith, Inc.							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal Office Address				3. Mailing Office Address 1633 SAN Marco Blvd.						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			1	4. Date Incorporated or Qualified		
City & State JACK Sonville, FL				JACKSONVILLE, FL				To Do Business in Florida 1998 5. FEI Number Applied For Not Applicable		
Zip 327	207	Country	UVAL	Zip 32207	Co	DUVAL	f	CERTIFICATE OF STATUS DESIRED 1 58.75 Additional February of Control of Certificate of Status		
7. Name and Address of Current Registered Agent										
	Name DANIEL L. Smith									
	Street Address (P.O. Box Number is Not Acceptable)							9000047808598		
	Suite, Apt. #, Etc. # 2							-01/17/02010050 0 9 ****300.00 ****30 0. 00		
	City JACKSONVILLE, FL						State Zip Code TL 32207			
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 REGISTERED AGENT MUST SIGN							Date 12/21/01			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								ast 3 directors)		
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director					
Pres.	KAREN Convad-Smith				10887 Horse Track Dr.			Dr. JACKSONVIllE, FL 32257		
V P	DANIEL L. Smith			lo	10887 Horse Track			Dr. JACKSONVIllE, FL 32257 DY: JACKSONVIllE, FL 32257		
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this rei	instatement app by the corporati	olication, on have	the reason for disso	olution has been elim names of individuals l	inated, the disted on this	corporate name sati form do not qualify	sfies t	the requirements of section 607, F.S. I further certify that when filing the requirements of section 607,0401 or 617,0401, F.S., that all fees an exemption under section 119,07(3)(i), F.S. The information indicated		

E081 (9/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904 3989667

Date

Daytime Phone #

DECEMBER 27, 2001

DIVISON OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314

DEAR SIRS:

IN 1998 MY WIFE (KAREN CONRAD-SMITH) AND I FORMED A CORPORATION NAMED <u>CONRAD-SMITH</u>, <u>INC.</u>. AS I UNDERSTAND IT NOW, THIS CORPORATION IS IN A SUSPENDED OR IN-ACTIVE STATUS. OUR CORPORATION WOULD NOT BE IN THIS CONDITION IF WE HAD RECEIVED YOUR MAILINGS. THE U.S. POSTAL SERVICE HAS BEEN AND CONTINUES TO MIS-DIRECT OUR MAIL.

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ATTACHED PLEASE FIND THE FORM "CORPORATION RE-INSTATEMENT". PLEASE ALSO NOTE THAT WE HAVE NOT RECEIVED YOUR MAILINGS TO US AT OUR BUSINESS ADDRESS WHICH IS WHY WE ARE NOW SENDING YOU THIS *RE-INSTATEMENT*.

THE UNITED STATES POSTAL SERVICE OBVIOUSLY HAS A PROBLEM WITH MIS-DIRECTED MAIL IN THE AREA OF OUR OFFICE. ATTACHED ARE COPIES OF TEN PIECES OF MAIL, EACH OF WHICH HAS BEEN MIS-DIRECTED TO OUR OFFICE WHICH WE SHOULD <u>NOT</u> HAVE RECEIVED. QUITE OFTEN WE RECEIVE SOMEONE ELSES MAIL AND QUITE OFTEN WE DO NOT RECEIVE OUR MAIL.

PLEASE RE-INSTATE OUR CORPORATION AND UNDERSTAND WHY OUR CORPORATION IS IN THE IN-ACTIVE / SUSPENDED CONDITION IT IS IN.

SINCERELY,

Daniel 25 Kanen Connad-Smith

DANIEL L. SMITH & KAREN CONRAD-SMITH 1633 SAN MARCO BOULEVARD, SUITE #2 JACKSONVILLE, FL 32207 PH # 904 398 9667

P.S.
PLEASE DIRECT ALL FUTURE MAIL TO:
10887 HORSE TRACK DRIVE
JACKSONVILLE, FL 32257

Please exempt us from any Fee exceeding \$300,00 due to the neasons noted above which were and are beyond our control. Attached please find a check for \$300.00 as requested by your office.