

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

10F2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
2000
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

~~REINSTATEMENT~~

DOCUMENT # P98000088887

1. Corporation Name

SMITH & SONS TRANSPORT INC.

FILED
00 OCT 30 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

4928 MARC DRIVE
TAMPA FL 33619

Mailing Address

4928 MARC DRIVE
TAMPA FL 33619

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

10/09/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3538526

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SMITH, HERLEY D	4928 MARC DRIVE	TAMPA FL 33619
VP	SMITH, BERNIE	4928 MARC DRIVE	TAMPA FL 33619
D	DAVIS, BARBARA	2406 HERMASSA DR	TAMPA FL 33619
D	HITCHCOCK, BRENDA	4919 MARI DR	TAMPA FL 33619
D	DOUGLAS, GREGORY	8321 END AVE	TAMPA FL 33619
700003468537--3 -11/17/00--01044--007 ****150.00 ****150.00			

8. Name and Address of Current Registered Agent

SMITH, BERNIE
4928 MARC DRIVE
TAMPA FL 33619

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

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

B. Smith **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-24-2000

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.

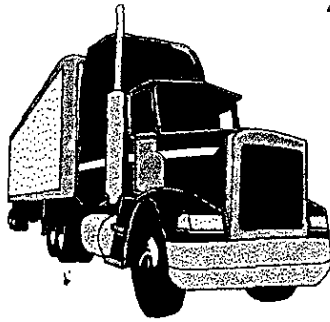
SIGNATURE:

B. Smith *Bernie Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

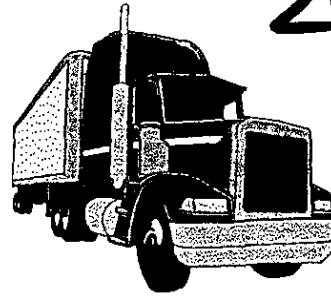
10-24-2000-813-623-5669
Date Daytime Phone #

KE

CR2E040 (8/00)



SMITH & SON'S TRANSPORT INC.
4928 MARC DR. TAMPA, FL. 33619
VOICE: (813) 623-5669 FAX: (813) 620-4745



2 of 2

DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314-3627

TO WHOM IT MAY CONCERN:

I AM WRITING THIS LETTER TO ASK FOR REINSTATEMENT OF OUR CORP. MY HUSBAND WAS STARTING TO SET-UP THE BUSS., WHEN HE BECAME VERY SICK AND WAS PUT IN THE HOAPITAL, HE LOST BOTH HIS KIDNEYS, AND I WAS SO BUSY WITH HIM, AND NOT REALLY UNDERSTANDING THE BUSS. EVERYTHING HAS BEEN LEFT UNTAKEN CARE OF. MY HUSBAND HEALTH HAS KEPT HIM LIMITED.

WE ARE NOW TRYING TO PUT THINGS BACK TOGETHER AND CONTINUE OUR BUSS.

ENCLOSED PLEASE FIND A CHECK IN THE AMOUNT OF \$150. FOR REINSTATEMENT IF YOU SO GRANT US OUR REQUEST. PLEASE FEEL FREE TO CONTACT US AT THE ABOVE PHONE #, FAX OR ADDRESS.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION AND HELP:

Bernie Smith
VICE-PRES.