

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000107839

1. Corporation Name

SMITH AND SMITH TRANSPORTATION INC.

Principal Place of Business

6658 ORTOLAN AVENUE
JACKSONVILLE FL 32216

Mailing Address

6658 ORTOLAN AVENUE
JACKSONVILLE FL 32216

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8312 Compass Rose DR.S
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8312 Compass Rose DR.S
Suite, Apt. #, etc.

City & State

Jacksonville FL
Zip 32216 Country US

City & State

Jacksonville, FL
Zip 32216 Country US

FILED

00 NOV -9 PM 6:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1999

5. FEI Number

59-3574981

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
Pres	Mike R. Smith	8312 Compass Rose DR.S	Jacksonville, FL 32216
VP	Darlene D. Smith	8312 Compass Rose DR.S	Jacksonville, FL 32216
			700003493277-5 -12/11/00--01035-010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SMITH, MIKE
6658 ORTOLAN AVENUE
JACKSONVILLE FL 32216

9. Name and Address of New Registered Agent

Name

Mike Smith

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

8312 Compass Rose DR.S

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32216

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 11/6/2000

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mike R. Smith

11/6/2000
Date

904-448.5165
Daytime Phone #

CR2E40 (8/00)