

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC -8 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 999000012934

1. Corporation Name

Bill Smith Construction, Inc.

2. Principal Office Address

3504 Webber St.

Suite, Apt. #, etc.

3. Mailing Office Address

3504 Webber St.

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip

34239

Country

U.S.A.

Zip

34239

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

2-8-1999

5. FEI Number

65-0888117

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

William W. Smith

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

3504 Webber St.

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34239

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

William W. Smith

REGISTERED AGENT MUST SIGN

Date 12-8-05

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
P	William W. Smith	3504 Webber St.	Sarasota FL 34239 <u>34239</u>

300062128873

12/13/05--01068--004 **308.75

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:

William W. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-8-05

Daytime Phone #

I, William W, Smith did not receive my Annual
Report notice for 2004.

Business name - Bill Smith Construction, INC.
Document # P9 9000012934.

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William W. Smith