

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 14 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022654

1. Corporation Name

SMOKEY MOUNTAIN CORPORATION

Principal Place of Business

313 PINE SHADOW LN.
LAKE MARY FL 32746

Mailing Address

313 PINE SHADOW LN.
LAKE MARY FL 32746



REINSTATEMENT 2000

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	
				03/11/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				59-9562346	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WESLEY, RICHARD E CARROLL, WILLIAM	313 PINE SHADOW LN.	LAKE MARY FL 32746

900003505919--6
-12/19/00--01064--004
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WESLEY, RICHARD E
313 PINE SHADOW LN.
LAKE MARY FL 32746

Name

CARROLL, WILLIAM

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

313 PINE SHADOW LANE

Suite, Apt. #, Etc.

LAKE MARY, FL 32746

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

WILLIAM CARROLL
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11/14/00

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:

WILLIAM CARROLL
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/00

Daytime Phone #