

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -4 PM 3:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000038751

1. Corporation Name

SMITH & BURRIS BUSINESS SERVICES OF CENTRAL FLORIDA, INC.

Principal Place of Business

1812 FIRWOOD CT
ORLANDO FL 32818

Mailing Address

P. O. BOX 682412
ORLANDO FL 32868



300009329443
12/04/02--01003--006 **150.00

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

2201 Ravenall

City & State

Orlando FL

Zip

32811

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/26/1999

5. FEI Number

59-3580891

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	SMITH, AMARA C	1812 FIRWOOD CT	ORLANDO FL 32818

8. Name and Address of Current Registered Agent

SMITH, AMARA C
1812 FIRWOOD CT
ORLANDO FL 32818

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-21-02 4814676390

November 21, 2002

To: Department of Corporations

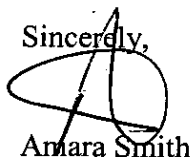
Enclosed please find my application for reinstatement and a payment of \$150.00. Upon receipt of this notice I contacted your office to inquire about the dissolution of my corporation. Upon inquiring I was informed that if I did not receive any previous notices that I would not have to pay the current reinstatement fee and to send this in with a payment of \$150. Please contact me with any questions at 407-467-6390.

Thank You

Current Address: 2201 Ravenall
Orlando Florida 32811

Mailing Address: PO Box 682412
Orlando, Florida 32868

Sincerely,

A handwritten signature in black ink, appearing to be 'Amara Smith', written over the printed name.

Amara Smith