

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

00-03

FILED
Mar 13, 2003 8:00 A.M.
Secretary of State

DOCUMENT # P99000059217

1. Corporation Name

Timothy P. Smith P.A.

2. Principal Office Address

765 High Point Drive East

Suite, Apt. #, etc.

APT B

City & State

Delray Beach, FL

Zip 33445
FL

Country

USA

3. Mailing Office Address

765 High Point Drive East

Suite, Apt. #, etc.

APT B

City & State

Delray Beach, FL

Zip

33445

Country

USA

300014384383
03/20/03--01001--026 **608.75

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/99

5. FEI Number

65-0930819

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Timothy P. Smith

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

765 High Point Drive East

Suite, Apt. #, Etc.

APT B

City

Delray Beach

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date 3/11/03

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/D	Timothy P. Smith	765 High Point Drive East APT B	Delray Beach, FL, 33445

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/11/03 954-817-4361

CR2E081 (10/02)

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**Timothy P. Smith
President
Timothy P. Smith P.A.
765 High Point Drive East
Apt B
Delray Beach, FL 33445**

March 11, 2003

Department of State
Division of Corporations
409 East Gains Street
Tallahassee, FL 32399

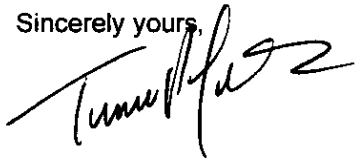
Dear Sir or Madam:

Attached is a check and form to reinstate a corporation of which I am both President and Registered Agent. I never received an Annual Report for 2000. As a result this corporation had become inactive.

I asked how to go about fixing this problem and I was told to send this letter along with the attached form. I hope that this will remedy the problem. My correct address and the correct address for the corporation is on the form and above.

I hope this will put the corporation in good standing. I don't know why my address did not get changed.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Timothy P. Smith", with a stylized flourish at the end.

Timothy P. Smith
President/Director/Registered Agent