

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 FEB -7 AM 9:06

STATE
TALL. FLORIDA

DOCUMENT # P99000063255

1. Corporation Name

Mike Smith Construction Inc.

REINSTATEMENT 00-06

2. Principal Office Address

31648 Darby Road

Suite, Apt. #, etc.

3. Mailing Office Address

31648 Darby Road

Suite, Apt. #, etc.

City & State

Dade City FL

City & State

Dade City, FL

Zip

33525

Country

Pasco

Zip

33525

Country

Pasco

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/9/1999

5. FEI Number

59-3587489

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

W. M. Smith III

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

31648 Darby Road

Suite, Apt. #, Etc.

City

Dade City

State
FL

Zip Code

33525

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

W. M. Smith III

REGISTERED AGENT MUST SIGN

Date

2/1/06

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
D	W M Smith III	31648 Darby Road	Dade City FL 33525
D	Diane Smith	31648 Darby Road	Dade City FL 33525

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 contained in Chapter 119, 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: W. M. Smith III

W. M. Smith III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/1/06

Daytime Phone #

813-713-2160

292

February 1, 2006

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Mike Smith Construction Inc.

Dear Sir:

The above referenced corporation has been inactive since 9/22/2000 without my knowledge. I did not receive the annual report notices and therefore, was unaware that the corporation was not active.

Enclosed is the reinstatement form and check for \$1658.75. If the reinstatement fee can be waved, please refund \$600.00

Thank you for your consideration.

Sincerely,



W. M. Smith III