

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # V03679

1. Corporation Name

Smith Management Services, Inc.

2018 APR - 10 A 10 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900302258679
08/08/17--01004--019 **4200.00

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

21443 Sweetwater Lane S

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33428

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/1992

5. FEI Number

650307086

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
yes

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name

Rodney G. Smith

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

21443 Sweetwater Lane S.

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33428

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

Rodney G. Smith

REGISTERED AGENT MUST SIGN

Date

08/04/2017

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	Rodney G Smith	Same	

10. E-mail Address: **rodneysmith@mindspring.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Rodney G. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/04/2017 561-239-1516

Date

Daytime Phone #