

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JAN 22 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V60734

1. Corporation Name

SMITH INVESTMENTS, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 1300-  
MELROSE FL 32666

POST OFFICE BOX 1300  
MELROSE FL 32666



REINSTATEMENT 98-99ad

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

2. New Principal Office Address, If Applicable

11723 NE Hwy 301

3. New Mailing Office Address, If Applicable

P.O. Box 989

Suite, Apt. #, etc.

WALDO FL.

Suite, Apt. #, etc.

WALDO FL

City & State

City & State

Zip

32604

Country

ALACHUA

Zip

32604

Country

ALACHUA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/28/1992

5. FEI Number

59-3142194

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SMITH, JESSIE A	7085 CR 214	MELROSE FL 32666
D	SMITH, WOODEEN L	7085 CR 214	MELROSE FL 32666

100002757911--8  
-01/29/99--01005--013  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, JESSIE A  
7085 CR 214  
MELROSE FL 32666

Name

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

Suite, Apt. #, Etc.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1-20-99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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]*

Jessie Smith

1-6-99 352-468 1149

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (9/98)