

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 31 AM 7:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02



800009755918
12/31/02--01010--002 **750.00

DOCUMENT # V67740

1. Corporation Name

SMITH FIRE SPRINKLER CO., INC.

Principal Place of Business

1101 SUN CENTURY ROAD
SUITE F
NAPLES FL 34110
US

Mailing Address

1101 SUN CENTURY ROAD
SUITE 7
NAPLES FL 34110
US

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1992

5. FEI Number

59-3146843

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	LAWRENCE, THOMAS	134 CYPRESS WAY EAST #8	NAPLES FL 33942
C	SMITH, EDWARD	6350 PELICAN BAY BLVD.	NAPLES FL 33940
	SMITH, EDWARD		

8. Name and Address of Current Registered Agent

JOHNSON, KIMBERLY LEACH
4501 TAMiami TR N
NAPLES FL 33940

9. Name and Address of New Registered Agent

Name

Thomas Lawrence

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

2405 Cypress Trace Circle

Suite, Apt. #, Etc.

207

City

NAPLES

State

FL

Zip Code

34119

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

Thomas Lawrence
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

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:

Thomas Lawrence
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)