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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
**Glenda E. Hood**
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 NOV 20 AM 11:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001121

Name and Mailing Address

0007629 01 AT 0.292 **AUTO T8 0 0615 33180-152904

SMART1CHOICE, L.L.C.
20533 BISCAYNE BOULEVARD
BUILDING 4, SUITE 391
AVENTURA FL 33180-1529

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 01/23/2001

Principal Place of Business
20533 BISCAYNE BOULEVARD
BUILDING 4, SUITE 391
AVENTURA FL 33180

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22 STREET, 4TH FLOOR<br>MIAMI FL 33145 | Name STEVEN LEVY<br>Street Address (P.O. Box Number is Not Acceptable)<br>21205 NE 37th Ave #304<br>City Aventura, Fl, 33180 FL 33180 |

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date NOV. 18. 03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGR | LEVY, STEVEN | 20533 BISCAYNE BLVD., BLDG 4, STE 391 | AVENTURA FL 33180 |
| | | 800024893368<br>11/20/03--01076--003 **150.00 | |
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| | | | |
| | | REINSTATEMENT 2003 | |

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager SIGNATURE REQUIRED Date 11/03/03 Daytime Phone # 305-788-8300

Typed or printed name of signing Managing Member/Manager STEVEN LEVY