


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

**DOCUMENT # L06000001632**

1. Entity Name  
STRATEGIC MARKETING GROUP, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 JUN -2 AM 11:09

Principal Place of Business  
9353 FONTAINBLEU BLVD  
#A-221  
MIAMI, FL 33172

Mailing Address  
PO BOX 141525  
CORAL GABLES, FL 33114



2. Principal Place of Business - No P.O. Box #  
7795 W. Flagler ST  
Suite, Apt. #, etc.  
K-12

3. Mailing Address  
Suite, Apt. #, etc.

05202009 REIN-LLC CR2E101 (1/07)

City & State  
Miami

City & State

4. FEI Number  
20-4045066

Applied For  
 Not Applicable

Zip  
33144

Country  
Miami -Dale

Zip

Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
ANDRADE, EDUARDO H  
9353 FONTAINBLEU BLVD  
#A-221  
MIAMI, FL 33172

7. Name and Address of New Registered Agent  
Name  
Eduardo Andrade  
Street Address (P.O. Box Number is Not Acceptable)  
7795 W. Flagler Street  
Suite K-12  
City  
Miami FL Zip Code  
33144

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Eduardo H. Andrade DATE 5/20/09  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDRADE, EDUARDO H PO BOX 141525 CORAL GABLES, FL 33114	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000156513380 05/28/09--01020--008 **277.50	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008, 2009	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] Eduardo H. Andrade DATE 5/20/09 Daytime Phone # 305-267-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #