

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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DIVISION OF CORPORATIONS  
06 FEB -8 AM 11:00

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03000003623

1. Limited Liability Company's Name

SMH GROUP LLC

900066837019

02/28/06--01055--007 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address 8 MOODY ST 3. Mailing Office Address 8 MOODY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AMESBURY, MA

City & State

AMESBURY, MA

Zip

01913

Country

Zip

01913

Country

ESSEX

4. State/Country of Formation

MASSACHUSETTS

5. Date Organized or Qualified To Do Business in Florida

10/27/2003

6. FEI Number

38-3682249

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

Name

SCOTT STEEVES JR.

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

1780 GULF BLVD

Suite, Apt. #, Etc.

City

ENGLEWOOD,

State

FL

Zip Code

34223

9. 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]*

Date

1/3/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SCOTT STEEVES JR	4 Leury Lane	Middleton, MA 01949
MGR	IAN MORELAND	14449 Mandolin Dr.	Orlando, FL 32837
MGR	DAVE HARASKE	8 MOODY ST	AMESBURY, MA 01913
MGR	ERIC STEEVES	4 BROCK AVE	NEWBURYPORT, MA 01951

REINSTATEMENT 04-06

11. 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]*

Date

1/2/06

Daytime Phone #

978-985-2203

Type Printed name of signing Managing Member/Manager

DAVID J. HARASKE