


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 SEP 21 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M04000002994

1. Limited Liability Company's Name

SMOOTOPIA, LLC

200185869653
09/20/10--01095--005 **932.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #
1210 WASHINGTON AVE

Suite, Apt. #, etc.
SUITE 212

City & State
MIAMI BEACH, FL

Zip Country
33139 U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip Country

4. State/Country of Formation
DELAWARE

5. Date Organized or Qualified To Do Business in Florida
7-27-2004

6. FEI Number
20-1209320

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City State Zip Code
TALLAHASSEE FL 32301

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 *Jacqueline N. Casper* Date 9/14/10

Jacqueline N. Casper, Assistant VP
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	MARK WEIDER	3556 FLAMINGO DR.	MIAMI BEACH, FL 33140
MGR	ENRICO VEGGIATO	31c Venetian Way #48	MIAMI BEACH FL 33139

JB

REINSTATEMENT 2005-10

11. E-mail Address: FRUITTONS1100@hies10@mail.com
(To be used for future annual report notifications)

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. This 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 *Mark Weider* Date Sept 16/2010 Daytime Phone # 305-721-7610

Typed or printed name of signing Managing Member/Manager MARK WEIDER