

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L07000014652**

1. Limited Liability Company's Name

SmartBiz Investment Group, LLC

2. Principal Office Address - No P.O. Box #

1951 Palm View Dr

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

Orange

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation  
Florida

5. Date Organized or Qualified  
To Do Business in Florida March 22, 2007

6. FEI Number  
26-0220305

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  
Vittel Smart

Street Address (P.O. Box Number is Not Acceptable)  
1951 Palm View Dr

Suite, Apt. #, Etc.

City  
Apopka, FL

State  
FL

Zip Code  
32712

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*Vittel Smart*

Date 10/05/2009

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
MGRM	Vittel Smart	1951 Palm View Dr	Apopka, FL 32712
MGRM	Cliff Copeland	7115 68th Dr. East	Bradenton, FL 34203
MGRM	Eral L. Manning	6005 Del Lago Cir	Sunrise, FL 33313

**REINSTATEMENT 2008-09**

JB

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

*Vittel Smart*

Date 10/05/2009

Daytime Phone # 407-814-1161

Typed or printed name of signing Managing Member/Manager Vittel Smart