

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 OCT -9 AM 10:01

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000006202

1. Limited Liability Company's Name

Smart Citation Management, LLC

2. Principal Office Address

270 N Palafox St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Pensacola FL

City & State

Zip  
32502

Country

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/30/2000

6. FEI Number

593668195

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

John A. Panyko

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

323 E. Romana St.

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32502

100080647591  
10/10/06--01009--040 \*\*250.00

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

Date 10/3/06

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
P	Stephenson, George K	310 Plantation Hill Rd.	Gulf Breeze, FL 32561
VP	Lincke, Shane K.	25 W Cedar	Pensacola FL 32501
S	Stephenson, Wayne	25 East Wright St.	Pensacola, FL 32501

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

Date 10-3-06

Daytime Phone # 850-429-0082

Typed or printed name of signing Managing Member/Manager

George K. Stephenson