

L02000000056

COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JUL 16 AM 10:17

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000000056

1. Limited Liability Company's Name

Smart Invest Advisors, LLC

CR2E041 (1/07)

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

1000 Brickell AVE

Suite, Apt. #, etc.

225

City & State

Miami FL

Zip

33131

Country

USA

3. Mailing Office Address

1000 Brickell AVE

Suite, Apt. #, etc.

225

City & State

Miami FL

Zip

33131

Country

USA

4. State/Country of Formation

FLORIDA/USA

01/02/02

5. Date Organized or Qualified To Do Business in Florida

26-0052750

6. FEI Number

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

Alberto Siblescu

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

1000 Brickell Avenue

Suite, Apt. #, Etc.

225

City

Miami

State
FL

Zip Code
33131

☐ 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.

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07/18/07--01051--010 **350.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 7/12/2007

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
GM	Alberto Siblescu	1527 Robbia Ave	Miami, FL 33146
GM	Esteban Tome	11 AVA. TRANSV. DE LOS Palos Grandes CASA. LA Salamandra, la Palo Grande, Caracas 1060, VENEZUELA	
	FF 250		
	RF 100		

REINSTATEMENT

2003-2007

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 7/12/2007

Daytime Phone # 305-539-3850

Typed or printed name of signing Managing Member/Manager

ALBERTO SIBLESCU