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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

MOE'S SM, LLC

06

BK

CR2E041 (12/07)

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| 2. Principal Office Address - No P O Box # | 3. Mailing Office Address |
|---|---|
| 2004 SAN MARCO BLVD | 2004 SAN MARCO BLVD |
| Suite, Apt #, etc | Suite, Apt #, etc |
| City & State: JACKSONVILLE, FL | City & State: JACKSONVILLE, FL |
| Zip: 32207 / County | Zip: 32207 / Country |

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 4/8/2002

6. FEI Number: 04-3639349 ☐ 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: ~~LEPRELL, SAMUEL L~~ MANISH D KHULLAR

Street Address (P.O. Box Number is Not Acceptable): ~~1930 SAN MARCO BLVD~~ 2004 SAN MARCO BLVD

Suite, Apt. #, Etc: ~~SUITE 201~~

City: JACKSONVILLE State: FL Zip Code: 32207

☐ 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: [signature] BK Date: 01/17/08

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 | KHULLAR, MANISH D | 2004 SAN MARCO BLVD | JACKSONVILLE, FL 32207 |
| | | | |
| | | | |
| | REINSTATEMENT 2006-2008 | | 700115560437 |
| | | | |
| | | | |

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: 01/17/08 Daytime Phone #: (904) 887-8771

Typed or printed name of signing Managing Member/Manager: MANISH D KHULLAR

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155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
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**DATE: 1/18/2008**

**NAME: MOE'S SM, LLC**

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**TYPE OF FILING: REINSTATEMENT**

**COST: $516.25 +30 = $546.25**

**RETURN:** Certified Copy

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: PAUL / ABBIE HODGE**

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