

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:26

DOCUMENT # L02000009122

1. Limited Liability Company's Name

Smart Investment Realty LLC.

2. Principal Office Address

19200 NE 22 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33180

Country

USA

3. Mailing Office Address

19200 NE 22 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33180

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

45-052449

☒ 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

Fiorella Juarez

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

19200 NE 22 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33180

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

Fiorella Juarez

REGISTERED AGENT MUST SIGN

Date 1/10/2005

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
MGR	Fiorella Juarez	19200 NE 22 Ave	Miami, FL 33180
MGR	Miriam Martinez	19200 NE 22 Ave	Miami, FL 33180

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

Fiorella Juarez

Date

1/10/05

Daytime Phone #

786 443 2164