

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 26 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L02000011437

1. Limited Liability Company's Name

Smith Properties El Paso llc

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

834 Royal Palm Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

834 Royal Palm Ave.

Suite, Apt. #, etc.

City & State

Clewiston, FL

City & State

Clewiston, FL

Zip

Country

33440

US

Zip

Country

33440

US

State/Country of Formation

Florida/US

5. Date Organized or Qualified
To Do Business in Florida

2002

6. FEI Number

593304338

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
Darren N. Smith

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

834 Royal Palm

Suite, Apt. #, Etc.

City
Clewiston, FL

State
FL

Zip Code
33440

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 **9-20-07**

☐ 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.

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	Darren N. Smith	834 Royal Palm Ave.	Clewiston, FL 33440
		DB	

REINSTATEMENT

2005-2007

700109849157
09/24/07-01070-013 **250.00

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 **9-20-07** Daytime Phone # **863-677-1889**

Typed or printed name of signing Managing Member/Manager

Darren N. Smith