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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 22 PM 1:34

1. DOCUMENT # L02000017784

Name and Mailing Address

0009103 01 AT 0.292 **AUTO H3 0 0615 33351-660444



SMART CARZ, LLC
8444 NW 34TH MANOR
SUNRISE FL 33351-6604



REINSTATEMENT

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business ¹ 4777 NW 103RD AVENUE BAY #27 SUNRISE FL 33351	3. New Principal Place of Business Address 901 N. Andrews Avenue City, State, Zip Ft Lauderdale FL 33311	6. FEI Number 331014367	Applied For Not Applicable
8. Name and Address of Current Registered Agent SEMEXANT, BIEL JR. 8444 NW 34TH MANOR SUNRISE FL 33351		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name: Biel Semexant Jr. Street Address (P.O. Box Number is not acceptable) 8444 NW 34th Manor City: Sunrise FL Zip Code: 33351	
10. 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] SIGNATURE REQUIRED Date: 11/5/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
President	Biel Semexant Jr	8444 NW 34th Manor Sunrise FL 33351	Sunrise FL 33351
	N/A		
		200025419002 12/11/03-01019-023 **150.00	
		200025419002 01/22/04-01072-005 **50.00	
REINSTATEMENT		REINSTATEMENT 03/04/03	

12. 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] SIGNATURE REQUIRED Date: 11/5/03 Daytime Phone: (954) 816-1815 Cell: 11

Typed or printed name of signing Managing Member/Manager

CR2034 (7/03)