

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

03 DEC -8 AM 11:40

1. DOCUMENT # L02000018572

Name and Mailing Address

0005093 01 AT 0.292 **AUTO T1 0 0615 33040-620306



SMITH MANAGEMENT SERVICES, LLC
6 ALLAMANDA TERRACE
KEY WEST FL 33040-6203

000025265560
12/08/03--01003--024 **150.00



| | | | |
|---|---|--|---|
| 2. New Mailing Address 6 ALLAMANDA TR. | | 4. State/Country of Formation FL | |
| City, State, Zip Key West FL 33040 | | 5. Date Organized or Qualified To Do Business in Florida 07/23/2002 | |
| Principal Place of Business 6 ALLAMANDA TERRACE KEY WEST FL 33040 | 3. New Principal Place of Business Address 700 FRONT ST City, State, Zip Key West FL 33040 | 6. FEI Number X Applied For X Not Applicable | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status |

| | |
|---|---|
| 8. Name and Address of Current Registered Agent SMITH, URBAN EUGENE 6 ALLAMANDA TERRACE KEY WEST FL 33040 | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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 **C. S. Smith** **REQUIRED** Date **2 Dec 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 |
| V/P | Sue Smith | 6 ALLAMANDA TR. | Key West FL 33040 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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 Required** Date **2 Dec 03** Daytime Phone # **294-4902**

Typed or printed name of signing Managing Member/Manager