

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

07 FEB -7 AM 10:15

CR2E041 (1/07)

DOCUMENT # L03000022687

1. Limited Liability Company's Name

Smart Cruiser .com, LLC

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

4800 N. Federal Highway

Suite, Apt. #, etc.

Suite 207D

City & State

Boca Raton, Florida

Zip

33431

Country

USA

3. Mailing Office Address

4800 N. Federal Highway

Suite, Apt. #, etc.

Suite 207D

City & State

Boca Raton, Florida

Zip

33431

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6/23/03

6. FEI Number

20-0051531

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

☐ 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.

8. Name and Address of Current Registered Agent

Name

Lee A. Smolinski

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

4800 N. Federal Highway

Suite, Apt. #, Etc.

Suite 207D

City

Boca Raton

State

FL

Zip Code

33431

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 2-5-07

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
mgmr	Smart Travel Group, Ltd.	4800 N. Federal Highway Suite 207D	Boca Raton, FL 33431

REINSTATEMENT 03-07

800088226138
02/13/07--01035--020 **255.00

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 2-5-07

Daytime Phone # 561 393-7377

Typed or printed name of signing Managing Member/Manager

Lee A. Smolinski

*109