


# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**

2004 DEC 27 PM 2: 51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000034056		
1. Entity Name SMK ENTERPRISES, LLC		

Principal Place of Business 9464 NW 52ND DORAL LANE MIAMI, FL 33178	Mailing Address 9464 NW 52ND DORAL LANE MIAMI, FL 33178
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2. Principal Place of Business 3705 NW 135 Street Suite, Apt. #, etc.	3. Mailing Address 11153 NW 71 Terrace Suite, Apt. #, etc.
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City & State OPA Locka, Florida	City & State Miami, Florida
Zip 33054	Zip 33178
Country	Country

12232004 REIN-LLC CR2E101 (6/04)

4. FEI Number 77-0607977	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
SIN MAN KING 9464 NW 52ND DORAL LANE MIAMI, FL 33178	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00 After January 1, 2005, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Sin Man King 11153 NW 71st Terrace Miami, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400043651734 12/27/04--01088--011 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	DATE	Daytime Phone #
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