

LO3000043342

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 15 PM 12:41

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

Maddox Smye Properties, LLC

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PK

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 74 Nurmi Drive		3. Mailing Office Address 74 Nurmi Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33301	Country U.S.	Zip 33301	Country U.S.

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/10/2003	
6. FEI Number	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent	
Name Joseph D. Stewart	
Street Address (P.O. Box Number is Not Acceptable) 2671 Airport Road South,	
Suite, Apt. #, Etc. Suite 302	
City Naples	State FL
	Zip Code 34112

☐ 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.

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 _____ Date **04/15/10**
REGISTERED AGENT MUST SIGN

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	Smye, Marti D.	74 Nurmi Drive	Ft. Lauderdale, FL 33301
REINSTATEMENT 2008-2010			
200182094502			

11. E-mail Address: **jprice@jdslegal.com**

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 _____ Date **04/15/10** Daytime Phone # **203-470-0194**

Typed or printed name of signing Managing Member/Manager _____



CORPORATION SERVICE COMPANY

L030000043342

ACCOUNT NO. : I20000000195

REFERENCE : 416251 7108878

AUTHORIZATION :

COST LIMIT : \$ 521.25

RECEIVED
DIVISION OF CORPORATIONS
10 JUN 15 AM 12:41

ORDER DATE : June 15, 2010

ORDER TIME : 10:04 AM

ORDER NO. : 416251-005

CUSTOMER NO: 7108878

DOMESTIC FILINGS

NAME: MADDOX SMYE PROPERTIES, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS _____

TO AVOID FILING
SUFFICIENCY OF FILING

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