

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO3000055816**

1. Limited Liability Company's Name

MARTY SMITH LLC

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

3138 A Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

3138 A Rd.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

Zip

33470

Country

PALM BEACH

City & State

LOXAHATCHEE FL

Zip

33470

Country

PALM BEACH

4. State/Country of Formation

FL PALM BEACH

5. Date Organized or Qualified
To Do Business in Florida

1-01-2004

6. FEI Number

03 0533 137

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

8. Name and Address of Current Registered Agent

Name

MARTIN C SMITH

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

3138 A Rd.

Suite, Apt. #, Etc.

City

LOXAHATCHEE

State

FL

Zip Code

33470

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Martin C Smith

REGISTERED AGENT MUST SIGN

Date **5/19/15**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MARTIN C SMITH	3138 A Rd.	LOXAHATCHEE FL 33470

REINSTATEMENT

MAY 22 2015

R. HUNT

11. E-mail Address:

NONE

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Martin C. Smith

Date **5/19/15**

Daytime Phone # **561 236 2617**

Typed or printed name of signing Authorized Representative/Manager

MARTIN C SMITH