

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 26 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 04 000000 342**

1. Limited Liability Company's Name

PHILLIP J SMITH, LLC

100173211251
03/26/10--01014--001 **416.25

CR2E041 (11/09)

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

7877 CLEMSON ST.

Suite, Apt. #, etc.

102

City & State

NAPLES, FLORIDA

Zip

34104

Country

COLLIER

3. Mailing Office Address

7877 CLEMSON ST.

Suite, Apt. #, etc.

102

City & State

NAPLES, FLORIDA

Zip

34104

Country

COLLIER

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

01/02/2004

6. FEI Number

20-0543863

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PHILLIP SMITH

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

7877 CLEMSON ST.

Suite, Apt. #, Etc.

102

City

NAPLES

State

FL

Zip Code

34104

☒ 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

PSmith

REGISTERED AGENT MUST SIGN

Date **3/22/10**

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	PHILLIP J. SMITH	7877 CLEMSON ST. #102	NAPLES, FL. 34104

REINSTATEMENT

08/10
AL

11. E-mail Address: **PSmith@is.comcast.net**

(To be used for future annual report notifications)

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

PSmith

Date **3/22/10**

Daytime Phone # **260 615 0797**

Typed or printed name of signing Managing Member/Manager