

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000000650

1. Limited Liability Company's Name

E-Smart Consulting LLC

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

8400 NW 58 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8400 NW 58 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

4. State/Country of Formation Florida

5. Date Organized or Qualified

To Do Business in Florida 01/05/2004

6. FEI Number

20 1114996

☐ Applied For

☐ Not Applicable

\$5.00 Additional Fee  
required for a  
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☐

**8. Name and Address of Current Registered Agent**

Name

Jeannette Mirabal, Esq.

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

5001 SW 74 Court

Suite, Apt. #, Etc.

101

City

Miami

State

FL

Zip Code

33155

☐ 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 recieved and requesting the \$100 reinstatement fee 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 11/06/2009

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	Paul Miguel Ortega Gonzalez	8400 NW 58 Street	Miami, FL 33166
MGRM	Tony Cocchiola	8400 NW 58 Street	Miami, FL 33166
MGRM	Paul Ortega Medina	8400 NW 58 Street	Miami, FL 33166

REINSTATEMENT 07-09

11. E-mail Address: jm@miralegal.com

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided 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 11/06/2009

Daytime Phone # 305 599 9959

Typed or printed name of signing Managing Member/Manager

Paul Miguel Ortega Gonzalez