

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
09 NOV 13 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000000650

1. Limited Liability Company's Name

E-Smart Consulting LLC

900162785429  
11/13/09--01004--008 \*\*516.25

2. Principal Office Address - No P.O. Box # 8400 NW 58 Street Suite, Apt. #, etc.		3. Mailing Office Address 8400 NW 58 Street Suite, Apt. #, etc.		4. State/Country of Formation Florida	
City & State Miami, FL		City & State Miami, FL		5. Date Organized or Qualified To Do Business in Florida 01/05/2004	
Zip 33166	Country USA	Zip 33166	Country USA	6. FEI Number 20 1114996 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Jeannette Mirabal, Esq.

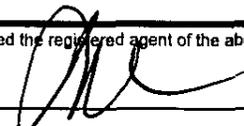
Street Address (P.O. Box Number is Not Acceptable)  
5001 SW 74 Court

Suite, Apt. #, Etc.  
101

City Miami	State FL	Zip Code 33155
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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

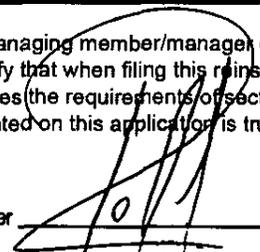
10. Names and Street Addresses of Managing Members/Managers

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
<b>REINSTATEMENT 07-09</b>			

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