

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 12 AM 9:16

DOCUMENT # LO4000005357

1. Limited Liability Company's Name

Smokaste LLC

000082480150  
12/12/08--01045--002 \*\*200.00

CR2E041 (8/05)

2. Principal Office Address 13942 SW 279 <sup>th</sup> Lane Suite, Apt. #, etc.		3. Mailing Office Address 13942 SW 279 <sup>th</sup> Lane Suite, Apt. #, etc.	
City & State Homestead, FL		City & State Homestead, FL	
Zip 33032	Country U.S.A	Zip 33032	Country U.S.A

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 1/21/2004	
6. FEI Number	<input checked="" 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 Ryan Hyde		
Street Address (P.O. Box Number is Not Acceptable) 13942 SW 279 <sup>th</sup> Lane		
Suite, Apt. #, Etc.		
City Homestead FL	State FL	Zip Code 33032

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 Hyde Date 12/11/06  
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
ceo	Ryan Hyde	13942 SW 279 <sup>th</sup> Lane	Homestead / FL / 33032

REINSTATEMENT 05-06

11. 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 Hyde Date 12/11/06 Daytime Phone # (305) 245 1247

Typed or printed name of signing Managing Member/Manager Ryan Hyde