


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 11 DEC 12 AM 10:08

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # L04000017006

1. Limited Liability Company's Name

**Alexander B. Smith L.L.C.**

*PK*

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 14 Harwood Court c/o Cunningham, Galloway & Maratt, Esqs.		3. Mailing Office Address 14 Harwood Court c/o Cunningham, Galloway & Maratt, Esqs.	
Suite, Apt. #, etc. <b>Suite 220</b>		Suite, Apt. #, etc. <b>Suite 220</b>	
City & State <b>Scarsdale NY</b>		City & State <b>Scarsdale NY</b>	
Zip <b>10583</b>	Country <b>USA</b>	Zip <b>10583</b>	Country <b>USA</b>

4. State/Country of Formation <b>Florida</b>	
5. Date Organized or Qualified To Do Business in Florida <b>2/20/2004</b>	
6. FEI Number <b>200750756</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent			
Name <b>United Corporate Services, Inc.</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>9200 South Dadeland Blvd.6</b>			
Suite, Apt. #, Etc. <b>Suite 508</b>			
City <b>Miami,</b>	State <b>FL</b>	Zip Code <b>33156</b>	

E-mail Address:

**Fcgcm@aol.com**

(To be used for future annual report notices)

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 *Michael J. Beer* Date 12-12-11

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	Alexander B. Smith	14 Harwood Court, c/o Cunningham, Galloway & Maratt, Esqs.	Scarsdale NY 10583

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**REINSTATEMENT 2008-2011**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Francis C. Galloway* Date 12/8/11 Daytime Phone # 914 723-2404

Exec. of Est. Alexander B. Smith  
 Typed or printed name of signing Managing Member/Manager Alexander B. Smith