

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51



DOCUMENT # L04000023609

1. Entity Name
JAMES E. SMITH, LLC

Principal Place of Business Mailing Address
5011 COBALT COURT **5011 COBALT COURT**
GREENACRES, FL 33463 **GREENACRES, FL 33463**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



04062006 REIN-LLC CR2E101 (11/05)

4. FEI Number 68-0582114		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
SMITH, JAMES E 5011 COBALT COURT GREENACRES, FL 33463		Name SMITH, JAMES E Street Address (P.O. Box Number is Not Acceptable) 5011 Cobalt Court City Greenacres FL Zip Code 33463

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James E. Smith* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$200.00 Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, JAMES E <input type="checkbox"/> Delete 5011 COBALT COURT GREENACRES, FL 33463	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600075893066 06/06/06--01059--004 **200.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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REINSTATEMENT 05-06

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James E. Smith* Date **4/10/06** Daytime Phone # **561-969-3365**