

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000026539**

1. Limited Liability Company's Name

SMARTCARS ENVIRONMENTAL SOLUTIONS LLC

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

5314 DONMAN ST

Suite, Apt. #, etc.

3. Mailing Office Address

5314 DONMAN ST

Suite, Apt. #, etc.

City & State

APOPKA FLA

City & State

APOPKA FLA

Zip

32703

Country

SEMINOLE

Zip

32703

Country

SEMINOLE

4. State/Country of Formation

FLA / SEMINOLE

5. Date Organized or Qualified To Do Business in Florida

3/7/05

6. FEI Number

56-2460252

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LOREN MILLER

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

5314 DONMAN ST

Suite, Apt. #, Etc.

City

APOPKA FLA

State

FL

Zip Code

32703

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

Loren Miller

REGISTERED AGENT MUST SIGN

Date **6/28/10**

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
PRES	LOREN MILLER	5314 DONMAN ST	APOPKA FLA 32703
V.P.	DEBRA MILLER	5314 DONMAN ST	APOPKA FLA 32703

REINSTATEMENT 06-10 AL

11. E-mail Address: **TWIZFGUY@CFI-RIZ.COM**

(To be used for future annual report notifications)

12. 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

Loren Miller

Date **6/28/10**

Daytime Phone #

321-229-8326

Typed or printed name of signing Managing Member/Manager

FILED

2010 JUL -7 PM 12:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CR2E041 (05/10)

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