PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY								
COMPANY								
REINSTATEMENT								



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

07 JUN 20 AM IN: Nº

SECKEDAL STATE TALLAHASSEE, FLORIDA

DOCUMENT # L04000040407

1. Limited Liability Company's Name

Smooth Constructions, LLC

Typed or printed name of signing Managing Member/Manager Mike Raybourn

,							CR2E041 (1/07)				
2. Principal Office Address - No P.O. Box # 108 McEwen 108 Mc				ffice Address CEwen							
Suite, Apt. #, etc. Suite, Lot 3 Lot			Suite, Apt. #, 6	te, Apt. #, etc. Dt_3			5. Date Organized or Qualified To Do Business in Florida May 27,2004				
City & State Bruce, FL City & State Bruce,				, FL			<u> </u>	多情性的275 Applied For			
Zip Country Zip			^{Zip} 32455	S USA			7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent											
Brad Congleton CPA							_	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 received and requesting the \$100 reinstatement be waived.			
Street Address (P.O. Box Number is Not Acceptable) 50 Uptown Grayton Circle						receive					
Suite_Apt. #, Etc. #15						not re					
Santa Rosa Beach					State FL	32459°					
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 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/Mana							
MGRM	Mike Raybourn			108 McEwen,			<u> – – </u>	Bruce, FL_			
						HOTA TENENT 2006-07					
								DB			
•							 ijij 06/26.	01048889 70701049017	<u>-</u> :1] ₹#]] .05.00	
filing the all fees as if m	his reinstatem is owed by the nade under or	ent application the reason for limited liability company have ath.	dissolution has t	been elimin	nated, th	e limited liability com ted on this application	npany name satisfie in is true and accura	ad for in chapter 608, F.S. I further eas the requirements of section 608. ate, and my signature shall have the section for the section of the section for the	406, ie sai	F.S., and that me legal effect	