

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JUL 30 PM 6:41

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**REINSTATEMENT**

05-07

CR2E041 (1/07)

DOCUMENT # L04000070178

1. Limited Liability Company's Name

Ralph Smith LLC

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

65 S+S ranch circle

Suite, Apt. #, etc.

3. Mailing Office Address

65 S+S ranch circle

Suite, Apt. #, etc.

City & State

Crawfordville FL.

City & State

Crawfordville FL.

Zip

32327

Country

Zip

32327

Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

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

Ralph Smith

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

65 S+S ranch circle

Suite, Apt. #, Etc.

City

Crawfordville

State

FL

Zip Code

32327

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.

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

Ralph Smith

REGISTERED AGENT MUST SIGN

Date

7/30/07

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
<u>MGRM</u>	<u>Ralph Smith</u>	<u>65 S+S ranch circle</u>	<u>Crawfordville FL. 32327</u>

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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

Ralph Smith

Date

7/30/07

Daytime Phone

(850)322-4754

Typed or printed name of signing Managing Member/Manager