1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

2007 MAR 23 A 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # L04000072362

1. Limited Liability Company's Name

SMS Ventures, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
15302 Fairway Vista Place			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Louisville, Kentucky		City & State	
Zip: 40245	Country: USA	Zip	Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/04/2004

6. FEI Number: 13-4291354 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

☐ 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: Connie Bryan
CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 3/23/07

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
Mgr/Mbr	S. Michael Stinson	15302 Fairway Vista Place	Louisville, Kentucky 40245
Mgr/Mbr	Kelly Stinson	15302 Fairway Vista Place	Louisville, Kentucky 40245
		REINSTATEMENT	06-07
		FAL	

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: [signature] Date: March 22, 2007 Daytime Phone #: (502) [redacted] 526-0177

Typed or printed name of signing Managing Member/Manager: S. Michael Stinson, Manager

FILED
2007 MAR 23 A 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000076381 3)))

H07000076381 3ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

LIMITED LIABILITY REINSTATEMENT

SMS VENTURES, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

RECEIVED
07 MAR 23 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help