2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000093603

1. Entity Name
K.W. SMITH CONSULTING, LLC



SECRETARY OF STATE DIVISION OF CORPORATIONS

	,				7	06 MAR -3	AM 9:21		
Principal Plac	e of Business	Mailing Address			-				
6036 HEART	[LAND CIRCLE 1114-25 Thomas [E. FL 32312 - 33303	6036 HEARTLAND CIT	**************************************	4-3 Thoma	asville Ro	4			
INCOUNCE	E, IE 92912 39303	MEDUROSE, LE VE		x1(cx.142366					
•	Place of Business	3. Malling Address							
	Thomasulla Rd.	1114-3 Thomas ville Rd.			_ UBO			4 . 	
Suite, Apt.		Suite, Apt. #, etc.			10202005	REIN-LLC	CR2E101 (6	/04)	
Tallahassee, FL City & State			Tallahassee, F-L City & State		4. FEI Numi			Appli	ed For
						<u> </u>		Not A	pplicable
38303		Zip 3a3o3	Coun	uy		e of Status Desired	Fee Re	Addition Addition Addition	nai
	6. Name and Address of Current	Registered Agent	-	Name	7. Name an	d Address of New R	egistered Agent		:
THIELEN, JAMES F CPA 701 EAST TENNESSEE STREET TALLAHASSEE, FL 32308				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL Zip	Code	
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 Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent eignature required when relinstating) OATE									
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	E NOW!!! FEE IS \$150.00 sary 1, 2006, Fee will be \$200.00					i e	e check payable Department of		
9.	MANAGING MEMBE	RS/MANAGERS	10.		······································	ADDITIONS/	CHANGES		
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maicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	legal effect as if	made under oat	h: that iam a manac	further certify that ing member or ma	the infor	mation f the
<u>-</u>	~P · ~P	\1				. 1. 1			
SIGNAT	URE: Chaa Or	<i>200</i>				1117102			
	SIGNATURE AND TYPED OR PRINTED NAME OF	· BRANDIGI MANAGENCI MEMISER, MA	UNAGER, OR	AUTHORIZED REPRES	BENTATIVE	Dete	Daytime Pho	me #	