

-- PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 JUN 24 PM 3: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000024544

1. Limited Liability Company's Name

SMOKIN JOE'S CUSTOMS, LLC.

06

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 357 SONOMA VALLEY CR Suite, Apt. #, etc.		3. Mailing Office Address 357 SONOMA VALLEY CR Suite, Apt. #, etc.	
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA	
Zip 32835	Country USA	Zip 32835	Country USA

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 03/11/2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name JOSEPH GATES		
Street Address (P.O. Box Number is Not Acceptable) 357 SONOMA VALLEY CR		
Suite, Apt. #, Etc.		
City ORLANDO	State FL	Zip Code 32835

☒ 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

*Joe A. Gates*

REGISTERED AGENT MUST SIGN

Date 06/06/2008

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	JOSEPH GATES	357 SONOMA VALLEY CR	ORLANDO, FL 32835

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REINSTATEMENT 2006-2008

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

*Joe A. Gates*

Date 06/06/2008

Daytime Phone # (407)927-5437

Typed or printed name of signing Managing Member/Manager