

PLEASE

L05000059810

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000059810

1. Limited Liability Company's Name

B.F.G. Smith TOURS & TRAVEL LLC

PK

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN -3 AM 2009

CR2E041 (11/09)

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

10740 N PRESERVE WY, SUITE 207

3. Mailing Office Address

10740 N PRESERVE WY, SUITE 207

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida

9/26/2008

6. FEI Number

203069969

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: OLDEN O SMITH
Street Address (P.O. Box Number is Not Acceptable): 10740 N PRESERVE WY
Suite, Apt. #, Etc.: 207
City: MIRAMAR State: FL Zip Code: 33025

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: Olden O Smith

Date: 5/4/2010

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/Manager	City / State / Zip
<u>MGR</u>	<u>OLDEN O SMITH</u>	<u>10740 N PRESERVE WY APT. 207</u>	<u>MIRAMAR FL 33025</u>

REINSTATEMENT 2008-2010

600180668156
05/11/10--01009--009 **298.75
600180668156
06/03/10--01031--003 **277.50

11. E-mail Address: DFG SMITH @ FONO.BLACKBERRY.NET

12. I certify that I am managing member/manager of 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: Olden O Smith Date: 5/4/2010 Daytime Phone #: 954 688 8386

Typed or printed name of signing Managing Member/Manager: OLDEN O SMITH