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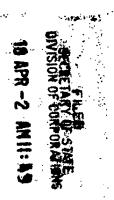
(Re	questor's Name)	
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: SMI FAMILY L Name of Limite	LC
	Name of Limite	d Liability Company
	closed Statement of Revocation of Dissolution for ted for filing.	or Florida Limited Liability Company and fee(s) are
Please	return all correspondence concerning this matter	to:
	Betsy Inban Contact Person	
	SMI FAMILY CLC Firm/Company	,
	2831 Ringling	Blu8, #E-117
	SA RASO TA TL. City, State and Zip Code	. 34237
E-1	Vbinbar@ gmail. Comail address: (to be used for future annual report	
For fur	ther information concerning this matter, please c	
	Name of Contact Person	at (941) 350-4640 Area Code Daytime Telephone Number
	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

CR2E132 (10/15)

STATEMENT OF REVOCATION OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1.	The name of the company is: 5MT FAMILY LLC
2.	The document number of the company is <u>LO500091700</u>
3.	The effective date the Dissolution was filed is $1-16-2018$
4.	The revocation of dissolution was authorized on $3-29-18$
•	A consequence of the CDC and t
Э.	A copy of the Articles of Dissolution is attached.
	Bity Orban
	Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00

Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

