

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 DEC -9 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000163511160  
12/10/09--01029--020 \*\*238.75

CR2E041 (10/08)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000116312

1. Limited Liability Company's Name

Smart System, USA LLC

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

313 Center Island 313 Center Island

Suite, Apt. #, etc.

3. Mailing Office Address

313 Center Island 313 Center Island

Suite, Apt. #, etc.

City & State

Golden Beach, FL

Zip Country

33160 USA

City & State

Golden Beach, FL

Zip Country

33160 USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

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 Jorge Geronica

Street Address (P.O. Box Number is Not Acceptable)

9769 S. Dixie Highway

Suite, Apt. # Etc.

Suite 101

City

Miami

State

FL

Zip Code

33156

☐ 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

REGISTERED AGENT MUST SIGN

Date 11-18-09

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers      | Street Address of Each<br>Managing Member/Manager      | City / State / Zip |
|--------|-------------------------------------------|--------------------------------------------------------|--------------------|
| MGR    | Smart Systems Holding<br>Enterprises, LLC | 9769 S. Dixie Highway<br>Suite 101. Miami, FL<br>33156 | Miami, FL 33156    |
|        |                                           |                                                        |                    |
|        |                                           |                                                        |                    |
|        |                                           |                                                        |                    |
|        |                                           |                                                        |                    |
|        |                                           |                                                        |                    |

REINSTATEMENT 09/10

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

Date

11-17-09

Daytime Phone #

305-666-8800

Typed or printed name of signing Managing Member/Manager

Luis Carlos Klein