

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000056403

1. Limited Liability Company's Name

Smile Property LLC

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

5127 N. Florida Ave

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33604

Country

USA/Idaho

3. Mailing Office Address

8813 Royal Enclave Blvd

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33626

Country

USA/Idaho

8. Name and Address of Current Registered Agent

Name

Khadija Surani

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

8813 Royal Enclave Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33626

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

*Khadija Surani*

REGISTERED AGENT MUST SIGN

Date

3/24/10

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
MEM	<del>Khadija</del> Khadija Surani	8813 Royal Enclave Blvd	Tampa, FL 33626

REINSTATEMENT 2008-10

11. E-mail Address: Khadija.786@tampabay.rr.com

(To be used for future annual report notifications)

12. 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

*Khadija Surani*

Date

3/24/10

Daytime Phone #

813-854-5482

Typed or printed name of signing Managing Member/Manager

KHADIJA SURANI

FILED

10 MAR 30 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900173443019  
03/29/10--01064--005 \*\*\*416.25  
CR2E041 (11/09)

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

6/01/06

6. FEI Number

20-4972197

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.