

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 14 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/07/09--01015--004 **282.50
CR2E041 (10/08)

DOCUMENT # L07000014652

1. Limited Liability Company's Name

SmartBiz Investment Group, LLC

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

1951 Palm View Dr

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Apopka, Fl

City & State

Zip

32712

Country

Orange

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida March 22, 2007

6. FEI Number

26-0220305

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
Vittel Smart

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

1951 Palm View Dr

Suite, Apt. #, Etc.

City

Apopka, Fl

State

FL

Zip Code

32712

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

Vittel Smart

REGISTERED AGENT MUST SIGN

Date 10/05/2009

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
MGRM	Vittel Smart	1951 Palm View Dr	Apopka, Fl 32712
MGRM	Cliff Copeland	7115 68th Dr. East	Bradenton, Fl 34203
MGRM	Eral L. Manning	6005 Del Lago Cir	Sunrise, Fl 33313

REINSTATEMENT 2008-09

JB

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

Vittel Smart

Date 10/05/2009

Daytime Phone# 407-814-1161

Typed or printed name of signing Managing Member/Manager Vittel Smart