2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 14, 2008
Secretary of State

DOCUMENT# L07000084739

Entity Name: SMART CAPITAL INVESTMENTS, LLC

Current Principal Place of Business:

5201 BLUE LAGOON DR.,
PH
MIAMI, FL 33126

New Principal Place of Business:

2875 N.E. 191 ST.,
STE. 403
AVENTURA, FL 33180

Current Mailing Address:

5201 BLUE LAGOON DR.,
PH
MIAMI, FL 33126

New Mailing Address:

2875 N.E. 191 ST.,
STE. 403
AVENTURA, FL 33180

FEI Number: 37-1553006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ORTIZ, ROBERTO J
536 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERTO J ORTIZ

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GIL, DANIEL J
Address: 5201 BLUE LAGOON DR., PH
City-St-Zip: MIAMI, FL 33126

Title: MGR ( ) Delete
Name: GIL, JUDITH C
Address: 5201 BLUE LAGOON DR., PH
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DANIEL J. GIL MGRM 10/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date