

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 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000108762

1. Limited Liability Company's Name

Shop Smart, LLC

08

500161901545
10/19/09--01064--D10 **238.75
500161901545
11/03/09--01036--002 **138.75
CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
8015 Terrace Ridge Drive

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33637

Country
USA

3. Mailing Office Address
520 Lantern Circle

Suite, Apt. #, etc.

City & State
Tampa, FL

Zip
33617

Country
USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 11-13-2007

6. FEI Number
26-1395659

☒ 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
Navindra Narine

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

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33617

☐ 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

Navindra Narine

REGISTERED AGENT MUST SIGN

Date 10-06-2009

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 | Navindra Narine | 520 Lantern Circle | Tampa, FL 33617 |
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REINSTATEMENT 2008-2009

up 11/2/09

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

Navindra Narine

Date 10/6/09

Daytime Phone # 813-767-6086

Typed or printed name of signing Managing Member/Manager

NAVINDRA N. NARINE