


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 13 AUG 16 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # LO900003783					
1. Limited Liability Company's Name Two Smartfellas LLC					
2. Principal Office Address - No P.O. Box # 215 NE 1st Street		3. Mailing Office Address 2200 S. Ocean Blvd		4. State/Country of Formation Florida, USA	
Suite, Apt. #, etc. #908		Suite, Apt. #, etc. #908		5. Date Organized or Qualified To Do Business in Florida 2010	
City & State Delray Bch. FL		City & State Delray Bch FL.		6. FEI Number #27-2574655	
Zip 33444	Country USA	Zip 33483	Country USA	Applied For <input type="checkbox"/>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name John Peters					
Street Address (P.O. Box Number is Not Acceptable) 2200 S. Ocean Blvd.					
Suite, Apt. #, Etc. #908					
City Delray Bch. FL		State FL	Zip Code 33483		
E-mail Address: 700250263897 07/30/13--01017--003 **243.75 2Smartfellows@gmail.com (To be used for future annual report notices)					
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 John Peters Date 7/25/13 REGISTERED AGENT MUST SIGN					
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	
Pres.	John Peters	2200 S. Ocean Blvd. #908		Delray Bch, FL 33483	
				700250263897 08/16/13--01037--019 **142.50	
REINSTATEMENT		AUG 16 2013			
		T. SCOTT			
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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.					
Signature of Managing Member/Manager John Peters Date 7/25/13 Daytime Phone # 561302-9923					
Typed or printed name of signing Managing Member/Manager					