

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 DEC 27 AM 9:41

DOCUMENT #

1. Limited Liability Company's Name

L12000150875
smart Tax and multiservices, LLC

CR2E041 (12/13)

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

3818 W Gunn Hwy

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33618

Country

USA

3. Mailing Office Address

3818 W Gunn Hwy

Suite, Apt. #, etc.

Suite 200

City & State

Tampa, FL

Zip

33618

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida
12/3/2012

6. FEI Number

46-1489166

☐ 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

ELIZABETH ORTEGA

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

3818 W GUNN HWY

Suite, Apt. #, Etc.

#200

City

TAMPA

State

FL

Zip Code

33618

E-mail Address:

500255047675
12/27/13--01031--012 **238.75

SMARTAX@VERIZON.NET

(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 605, F.S.

Signature of

Registered Agent ELIZABETH ORTEGA

Date 12/26/2013

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	ELIZABETH ORTEGA	3818 W GUNN HWY #200	TAMPA, FL 33618
AMBR	ROSEMARIE DIAZ	3818 W GUNN HWY #200	TAMPA, FL 33618

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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

Authorized Person

Elizabeth Ortega

Date

12-26-13

Daytime Phone # 8139681204

Typed or printed name of signing Authorized Person ELIZABETH ORTEGA

29 12/29/13