

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 MAY -1 AM 10:06

TAXPAYER'S STATE
TAXPAYER'S STATE

DOCUMENT # L13000039283

1. Limited Liability Company's Name

Stevie Smith, L.L.C.

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

100 Gulf Shore Dr.

Suite, Apt. #, etc.

2266

City & State

Destin, Fl.

Zip

32541

Country

USA

3 Mailing Office Address

P.O. Box 2024

Suite, Apt. #, etc.

City & State

Acworth, Ga.

Zip

30102

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified

To Do Business in Florida 3/15/13

6. FEI Number

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

David Martin Atty

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

175 Main St.

Apt. #, Etc.

Ste. 1599

City

Destin

State

FL

Zip Code

32541

800272503178
05/01/15--01027--004 **377.50

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

David Martin

REGISTERED AGENT MUST SIGN

Date 4/24/2015

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Mgr	Stephen Smith	100 Gulf Shore Dr. #2266	Destin, Fl. 32541
Mgr	Susan Taylor	100 Gulf Shore Dr. #2266	Destin, Fl. 32541

REINSTATEMENT 2014-2015

11. E-mail Address s.smithllc@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Stephen Smith

Date 4/24/2015

Daytime Phone #

4049102211

Typed or printed name of signing authorized representative/member Stephen Smith