L16000127670

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000127670

1 Limited Liability Company's Name
D SMITH COLLECTON, LLC

600374940716
04/14/21--01016--020 **858.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
660 NW 177th st	7367 NW 20th Ct
Suite Apt. # etc 233	Suite Apt. # etc Apt 103
City & State Miami, FL	City & State Miami, FL
Zip / Country 33169 / US	Zip / Country 33147 / US

4. State/Country of Formation
FL/US

5 Date Organized or Qualified To Do Business in Florida 05-12-2016

6. FEI Number
81-2615219
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a certificate of status**

FILED
2021 OCT -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FL

8. **Name and Address of Current Registered Agent**

Name
Dexter Smith

Street Address (P.O. Box Number is Not Acceptable) Suite,
660 NW 177th st

Apt. # Etc
Apt 233

City | State | Zip Code
Miami | FL | 33169

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605.

Signature of Registered Agent Dexter Smith Date July 14, 2021
REGISTERED AGENT MUST SIGN

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
			Y. Sulker
			Oct 1st, 2021

11 E-mail Address likethatbydextersmith@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 Dexter Smith Date July 14, 2021 Daytime Phone # 786-436-8011

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