

L96000000862

PLEASE RE-ALL INFORMATION BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -4 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96000000862

1. Limited Liability Company's Name

Smoke Away, LLC

2. Principal Office Address

1016 Collier Center Way

Suite, Apt. #, etc.

Ste 103

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

same

Zip

Same

Country

Same

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

Aug 9, 1996

6. FEI Number

65-0685861

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

Michael Connors

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

1016 Collier Center Way #103

Suite, Apt. #, Etc.

Ste. #103

City

Naples

State

FL

Zip Code

34110

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

Date 3/27/03

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 |
|------------|--------------------------------------|---|--------------------|
| Gen mgr | Michael J. Connors | 1016 Collier Center Way #103 | Naples, FL 34110 |
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REINSTATEMENT

97-03

dcc

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

Date

3/27/03

Daytime Phone #

239 254 0175

Typed or printed name of signing Managing Member/Manager

Michael J. Connors

CR2E041 (10/02)