

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN 11 AM 10:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

L99000005798

1. Limited Liability Company's Name

SMT & R LLC

2. Principal Office Address

10886 LONGSHORE WAY N

Suite, Apt. #, etc.

NA

City & State

NAPLES

Zip

34119

Country

COVEN

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

NA

City & State

FL

Zip

34119

Country

USA

4. State/Country of Formation

FL

COVEN

5. Date Organized or Qualified
To Do Business in Florida

8/6/99

6. FEI Number

65-0946518

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOSEPH D. ZAKS

500003856415-4

-03/16/01--01091--015

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

801 ANCHOR ROAD DRIVE

****200.00 ****200.00

Suite, Apt. #, Etc.

City

NAPLES

State
FL

Zip Code

34103

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

[Signature]

Date

1/10/01

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
MGRM	SCOTT K BARKER	10886 LONGSHORE WAY N	NAPLES, FL 34119
MGRM	MARIE BARKER	10886 LONGSHORE WAY N	NAPLES, FL 34119

REINSTATEMENT 2000-2001

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

[Signature]

Date

1/10/01

Daytime Phone #

941-574-7962

Typed or printed name of signing Managing Member/Manager

SCOTT K BARKER