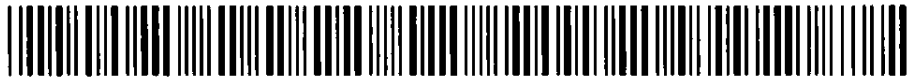


MIS 00008833  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000343791 3)))



H230003437913ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6384

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LIMITED LIABILITY REINSTATEMENT  
SMARTNET, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$793.75

APPROVED  
AND  
FILED  
2023 SEP 29 PM 3:18  
CLERK OF COURT  
JANICE L. GIBSON

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[Help](#)

OCT - 5 2023  
K. Brumley

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M18000008833

Limited Liability Company's Name

SMARTNET, LLC

Office Address - No P.O. Box #

7901 4th St N

STE 300

St. Petersburg, FL

Mailing Office Address

7901 4th St N

Suite Apt. #, etc.

STE 300

City & State

St. Petersburg, FL

Zip

33702

Country

US

Zip

33702

Country

US

8. Name and Address of Current Registered Agent

Northwest Registered Agent LLC

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

7901 4th St N

STE 300

St. Petersburg

State  
FL

Zip Code  
33702

4. State/Country of Formation

US Virgin Islands

5. Date Organized or Qualified  
To Do Business in Florida

09/26/2018

6. FEI Number

66-0720279

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a certificate of status

2023 SEP 29 PM 3:18  
APPROVED  
AND  
FILED

CR2E041 (1/14)

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.

Registered Agent

*Taylor Newman*

REGISTERED AGENT MUST SIGN

Date 10/05/2023

9. Names and Street Addresses of Authorized Representatives/Managers

Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Michael Carty	PO BOX 9257	St Thomas, VI 00801

ALL BR

Address compliance@northwestregisteredagent.com

(To be used for future annual report notifications)

I, being 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 605.02, 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 has 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

*Michael Carty*

Date 10/05/2023

Daytime Phone # 509-768-2249

Typed or printed name of signing authorized representative/member Michael Carty