

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED
98 MAR -9 AM 10: 10
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # M9400000025

SMR ADVISORY GROUP, L.C.
5440 N.W. 33rd AVE.
SUITE 106
FT. LAUDERDALE, FL 33309

1a. Principal Place of Business Address

Same

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

same

Suite, Apt. #, etc.

City & State

Zip Country

2a. Mailing Address

same

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified

4/12/94

3a. State of Formation

TX

4. FEI Number

65-0474886

☐ Applied For
☐ Not Applicable

5. Date of Last Report

6/13/96

6. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

The Law Practice of J.B. Grossman
2300 E. Las Olas Blvd.
4th Floor
Ft. Lauderdale, FL 33301

8. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City State Zip Code

FL

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.

On behalf of the Law Practice of J.B. Grossman, P.A.

Signature of Registered Agent **Lillian D. Zelle** Date _____

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MMAR	Koenigsberg, Albert	5440 NW 33 Ave. #106	Ft. Lauderdale FL 33309

REINSTATEMENT 99-98 CM

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******877.50 ****877.50**

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 **Albert Koenigsberg** Date **6/13/98** Daytime Phone # **954-777-5040**

Typed or printed name of signing Managing Member/Manager **Albert Koenigsberg**