PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 AUG 16 AM 8:02

CR2E041 (1/07)

DOCUMENT # M97000000580

1. Limited Liability Company's Name

SMITMART, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3655 Nobel Drive	3655 Nobel Drive
Suite, Apt. #, etc. Suite 650	Suite, Apt. #, etc. Suite 650
City & State San Diego, CA	City & State San Diego, CA
Zip 92122 Country USA	Zip 92122 Country USA

4. State/Country of Formation: Arizona

5. Date Organized or Qualified To Do Business in Florida: 9/4/1997

6. FEI Number: 86-0799660 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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] Kimberly B. Moret as its agent — REGISTERED AGENT MUST SIGN

Date: August 16, 2007

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	Brian C. Mark, Trustee of the Brian C. Mark Trust dated 2/3/81	3655 Nobel Drive, Suite 650	San Diego, CA 92122
MGRM	Peter A. Zarcades, Trustee under Trust indenture of Peter A. Zarcades and Sandra Zarcades dated 7/19/72	3655 Nobel Drive, Suite 650	San Diego, CA 92122

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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: 8/15/07 Daytime Phone #: 858.546.0033

Typed or printed name of signing Managing Member/Manager:

CORPORATION SERVICE COMPANY

RECEIVED
07 AUG 16 PM 2:44
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 057075 4346861

AUTHORIZATION :

COST LIMIT : $ ~~355.00~~ $755.00

ORDER DATE : August 15, 2007

ORDER TIME : 9:03 AM

ORDER NO. : 057075-005

CUSTOMER NO: 4346861

REINSTATEMENT

NAME: SMITMART, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX _____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret

EXAMINER'S INITIALS _____