

L0000022302

Florida Department of State
Division of Corporations
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L. SELLERS

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EXAMINER

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : SHUTTS & BOWEN LLP (ORLANDO)
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**LIMITED LIABILITY REINSTATEMENT
BAGS TO GO ENTERPRISES MIAMI, LLC**

Certificate of Status	0
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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000022302
1. Limited Liability Company's Name
Bags to Go Enterprises Miami, LLC

2. Principal Office Address - No P.O. Box # 100 Terminal Drive Suite, Apt. #, etc.		3. Mailing Office Address 3001 SW 3rd Avenue Suite, Apt. #, etc.	
City & State Fort Lauderdale, FL 33315		City & State Miami, Florida	
Zip 33315	Country US	Zip 33129	Country US

CR2E041 (1/11)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
March 1, 2006

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED Not Applicable if not required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)
300 South Orange Avenue

Suite, Apt. #, Etc.
Suite 1000 (SAR)

City
Orlando

State
FL

Zip Code
32801

E-mail Address:
taugustyni@shutts.com
(To be used for future annual report notices)

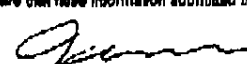
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent  Date **12/28/2011**
REGISTERED AGENT MUST SIGN: **James G. Willard, President**

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Keith Wiater	100 Terminal Drive	Fort Lauderdale, FL 33315

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. 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. 817.03, F.S.

Signature of Managing Member/Manager  Date **12/29/2011** Daytime Phone # **702-770-7700**
Typed or printed name of signing Managing Member/Manager **Keith Wiater, Manager**

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