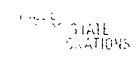
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



19 DEC -2 AH 1: 14

DOCUMENT # 1000097135

Limited Liability Company's Name
Wolfpack Enterprises of Florida, LLC

2. Principal Office Address - No PO Box#			3. Mailing Office Address		CR2E041 (1/14)	
358 Rafael Blvd NE			358 Rafael Blvd NE		State/Country of Formation Florida, USA	
Suite, Apt #, etc.			Suite, Apt #, etc			
					5. Date Organized or Qualified To Do Business in Florida 06/03/2015	
City & State			City & State		6. FEI Number Applied For	
Saint Petersburg			Saint Petersburg		6. FEI Number Applied For 37-1786316 Not Applicable	
Zip Country		Zip	Country	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a contificate of status		
33704 USA		33704	USA			
8. Name and Address of Current Registered Agent						
Name United States Corporation Agents, Inc						
Street Address (P.O. Box Number is Not Acceptable) Suite,						\m\
5575 S. Semoran Blvd Charach in amendment						
5575 S. Semoran Blvd Apt #, Etc Suite 36 City State Zip Code Apt Apt Application of the City State State Specific descriptions State Code						
City State Zip Code						
Orlando FL 32822						
9. 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.						
Signature of						
Registered AgentREGISTERED AGENT MUST SIGN						Date
10. Names and Street Addresses of Authorized Representatives/Managers						
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager		re/	City / State / Zip
AMBR	Trevor C. Hillier			358 Rafael Blvd NE		Saint Petersburg, FL 33704
AMBR	Michael A. Aguis			358 Rafael Blvd NE		Saint Petersburg, FL 33704
AMBR	James M. Lord		358 Rafael Blvd NE		IE	Saint Petersburg, FL 33704
				,		DEC 1 3 Z019
11. E- mail Address: tchmba@gmail.com D CUSHING (To be used for future annual report notifications)						
12. I certify that I am 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 505.0012, 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 eware 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 Date 11/2c/19 Daytime Phone # (727) 657-5773 Typed or printed name of signing authorized representative/member 7/2000 C. Hillier						
Typed or printed name of signing authorized representative/member / / C. Juliury						