

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L04000046764

1. Limited Liability Company's Name

**Well Paid Publishing LLC**

2. Principal Office Address - No P.O. Box #

**179 NW 52 Street**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip  
**33127**

Country  
**USA**

3. Mailing Office Address

**2711 SW 53 Ave**

Suite, Apt. #, etc.

City & State

**West Park FL**

Zip  
**33023**

Country  
**USA**

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**Nov 12, 2007**

6. FEI Number

☐ 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

**Robert Toussaint**

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

**179 NW 52 Street**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33127**

☒ 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

*X Robert Toussaint*

REGISTERED AGENT MUST SIGN

Date **11/12/2007**

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	Robert Toussaint	179 NW 52 Street	Miami FL 33127
MGRM	Yvenst Simonis	2711 SW 53 Ave	West Park 33023
MGRM	Bielhensky Bercy	2711 SW 53 Ave	West Park 33023
MGRM	Stan Ostinvil	181 NW 52 Street	Miami FL 33127
		<b>REINSTATEMENT</b>	<b>05-07</b>

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

*Yvenst Simonis*

Date **11/12/2007**

Daytime Phone # **305-336-6451**

Typed or printed name of signing Managing Member/Manager **Yvenst Simonis**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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