

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JUN 11 PM 2:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011118

1. Limited Liability Company's Name

Alpine Writing Instruments, LLC

2. Principal Office Address

5201 Blue Lagoon Dr.

Suite, Apt. #, etc.

8th floor

City & State

Miami, FL

Zip

33126

Country

US

3. Mailing Office Address

5201 Blue Lagoon Dr.

Suite, Apt. #, etc.

8th floor

City & State

Miami, FL

Zip

33126

Country

US

4. State/Country of Formation

Florida

US

5. Date Organized or Qualified
To Do Business in Florida

7/10/2001

6. FEI Number

47-0848856

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

Herbert Salas Ramirez

600037948196

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

5201 Blue Lagoon Drive, #8th Floor

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33126

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

REGISTERED AGENT MUST SIGN

Date 06/9/2004

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
MEM	<u>Herbert Salas Ramirez</u>	<u>5201 Blue Lagoon Drive</u> ^{Floor 8}	<u>Miami, FL 33126</u>
MEM	<u>Luis Fernando Salas</u>	<u>5201 Blue Lagoon Drive</u>	<u>Miami, FL 33126</u>

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

Date

06/09/2004

Daytime Phone #

(305) 718-3454

Typed or printed name of signing Managing Member/Manager

Herbert Salas Ramirez

CR2ED01 (10/02)

282

Date: 6/9/04

FILED
2004 JUN 11 PM 2:19
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32399

RE: Company Name: Alpine Writing Instruments, LLC
Document Number: L01000011118

To Whom It May Concern:

Please let this letter serve as a **request to waive the reinstatement charge** for my above referenced Florida Limited Liability Company, which was dissolved on 10/04/2002, due to non payment of the Uniform Business Report for the following year(s):

Year: 2002

Year: 2003

Year: 2004

The reason for not filing such report is that we did not receive UBR Forms and therefore did not file and pay the annual fees.

Enclosed are the LLC Reinstatement and a **check in the amount of \$250** reflecting payment of \$50.00 per year, plus an additional \$100.00 to reinstate.

Sincerely yours,


Herbert Salas Ramirez, MGRM

Encl.