

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 DEC 29 AM 8:25

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000010033

1. Limited Liability Company's Name

WolfCarb LLC

2. Principal Office Address

8568 NW 64 St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

USA.

3. Mailing Office Address

8568 NW 64 St.

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33166

Country

U.S.A.

CR2E041 (8/05)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

April 26, 2002

6. FEI Number

02-0629316

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

Helena Oliveira

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

21085 Madria Circle

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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]

REGISTERED AGENT MUST SIGN

Date

12/26/2005

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
MGR	Adam E. Wolff	8568 NW 64 St.	Miami, FL 33166

REINSTATEMENT

04-05

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

12/21/05

Daytime Phone #

(305) 593-8162

Typed or printed name of signing Managing Member/Manager

Adam E. Wolff