

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000004370

1. Limited Liability Company's Name

The Total Package LLC

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

12912 Broakfield Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32837

Country

USA

3. Mailing Office Address

12912 Broakfield Circle

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip

32837

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **02-05-2003**

6. FEI Number

54-2094499

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

Glenn Teller

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

12912 Broakfield Circle

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32837

☒ 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

See signature in block #11
REGISTERED AGENT MUST SIGN

Date **05-13-2009**

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 | Glenn Teller | 12912 Broakfield Circle | Orlando, Florida 32837 |
| | | | 300155981773 05/14/09--01013--007 **832.50 |
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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

Glenn Teller

Date **05-13-2009**

Daytime Phone # **407-948-5086**

Typed or printed name of signing Managing Member/Manager **Glenn Teller**