

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 29 AM 8:25

DOCUMENT # L03000008340

1. Limited Liability Company's Name

Westrock Ltd. Co.

2. Principal Office Address

86 Longbrook St.

Suite, Apt. #, etc.

3. Mailing Office Address

86 Longbrook St.

Suite, Apt. #, etc.

City & State

Exeter

City & State

Exeter

Zip

Ex4 6AP

Country

England

Zip

Ex4 6AP

Country

England

CR2E041 (8/05)

4. State/Country of Formation

Florida/United States of America

5. Date Organized or Qualified  
To Do Business in Florida

03/06/03

6. FEI Number

82-0589140

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

Aravinda Neuman

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

602 N. Ocean Blvd.

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33483

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

12/8/05

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	Mithra Neuman	86 Longbrook St.	Exeter, Ex4 6AP, England

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

12/6/05

Daytime Phone# 44-392-425-696

Typed or printed name of signing Managing Member/Manager

Mithra Neuman