

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 OCT 31 P 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000025907

1. Limited Liability Company's Name

WAY PACK, LLC

CR2E041 (1/07)

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

4340 SHERIDAN STREET

Suite, Apt. #, etc.

SECOND FLOOR

City & State

HOLLYWOOD FL

Zip

33021

Country

BROWARD

3. Mailing Office Address

4340 SHERIDAN STREET

Suite, Apt. #, etc.

SECOND FLOOR

City & State

HOLLYWOOD FL

Zip

33021

Country

BROWARD

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

07/15/2003

6. FEI Number

41-2115856

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

LUIS M LEONART

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

782 NW 42ND AVENUE

*Suite, Apt. #, Etc.

#430

City

MIAMI

State

FL

Zip Code

33126

☒ 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

REGISTERED AGENT MUST SIGN

Date

10/12/07

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	DIEGO KUSCHNIR	ESPANA 744- B1602BBN	BUENOS AIRES ARGENTINA1636

REINSTATEMENT 06-67
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10/23/07--01040--007 **100.00

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

10/12/07

Daytime Phone #

(541) 4718-1700

Typed or printed name of signing Managing Member/Manager

Diego Kuschmir