2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000003896

1. Entity Name
NUPAK, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 NOV 14 AM 9:31

Principal Place of Business	Mailing Address
6803 INDUSTRIAL AVENUE PORT RICHEY, FL 34668	6803 INDUSTRIAL AVENUE PORT RICHEY, FL 34668

10232006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
2444 MERCHANT AVE		2444 MERCHANT AVE	
Suite, Apt. #, etc.: SUITE 102		Suite, Apt. #, etc.: SUITE 103	
City & State: ODESSA FL		City & State: ODESSA FL	
Zip: 33556-3485	Country: US	Zip: 33556-3485	Country: US

4. FEI Number: 90-0264835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOORE, C.A. ESQ 201 N. FRANKLIN STREET STE 2000 TAMPA, FL 33602	Name: RAFAEL HARARI Street Address (P.O. Box Number is Not Acceptable): 2418 PALM DR City: TAMPA FL Zip Code: 33629

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ Oct 24 2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 After January 1, 2007, Fee will be $100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT / OWNER RAFAEL HARARI 2418 PALM DR TAMPA FL 33629 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 700081390687 10/31/06--01057--009 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ______________________ Oct 24 2006
SIGNATURE DATE