

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAR -8 PM 2:15

DOCUMENT # L05000004344

1. Limited Liability Company's Name

Liberty Wholesale Distributors LLC

900171393139  
03/08/10--01004--012 \*\*516.25

CR2E041 (11/09)

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

580 North Island

Suite, Apt. #, etc.

3. Mailing Office Address

580 North Island

Suite, Apt. #, etc.

City & State

Golden Beach, FL

Zip

33160

Country

USA

City & State

Golden Beach, FL

Zip

33160

Country

USA

4. State/Country of Formation

FL / BROWARD

5. Date Organized or Qualified  
To Do Business in Florida

1/14/2005

6. FEI Number

20-2193576

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

TRACY SODERHOLM

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

580 North Island

Suite, Apt. #, Etc.

City

Golden Beach

State

FL

Zip Code

33160

☐ 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

*Tracy Soderholm*  
REGISTERED AGENT MUST SIGN

Date 2/5/10

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| NGRM   | TRACY SODERHOLM                      | 580 North Island                                  | Golden Beach, FL 33160 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

REINSTATEMENT 2008-10-18M

11. E-mail Address: x frakkie@aol.com

(To be used for future annual report notifications)

12. 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

*Tracy Soderholm*

Date

2/5/10

Daytime Phone #

305 682 6599

Typed or printed name of signing Managing Member/Manager

x Tracy Soderholm