

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 APR 22 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/22/09--01004--017 ***277.50

CR2E041 (10/08)

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000027200

1. Limited Liability Company's Name

UNITED PAPER GROUP, LLC

PK
08

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

2820 N W 108TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DORAL, FL

City & State

Zip

33172-2139

Country

MIAMI-DADE

Zip

Country

4. State/Country of Formation

FLORIDA MIAMI-DADE

5. Date Organized or Qualified To Do Business in Florida

03/17/2005

6. FEI Number

54-2169953

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 EMMANUEL DE MARTINEZ

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

2820 NW 108TH AVE

Suite, Apt. #, Etc.

City DORAL

State FL

Zip Code 33172

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

Signature

Date

REGISTERED AGENT MUST SIGN

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
DR	EMMANUEL DE MARTINEZ	2820 N.W. 108TH AVE	DORAL, FL 33172

REINSTATEMENT 2008-2009

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

Signature

Date 4/13/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager