

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 12 AM 11:59

DOCUMENT # L06000113698

1. Limited Liability Company's Name

SHPACK, LLC

REINSTATEMENT 201-10 884

100174812261  
04/07/10--01007--005 \*\*555.00

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 926 NE 20th AVE Suite, Apt. #, etc.		3. Mailing Office Address ← Same Suite, Apt. #, etc.	
City & State Fort Lauderdale FL		City & State	
Zip 33304	Country USA	Zip	Country

4. State/Country of Formation	FLORIDA
5. Date Organized or Qualified, To Do Business in Florida	11/2006
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Michael Viscosi

Street Address (P.O. Box Number is Not Acceptable): 926 NE 20th Avenue

Suite, Apt. #, Etc.

City: Fort Lauderdale State: FL Zip Code: 33304

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: Michael Viscosi Date: 4/6/10  
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
MGRM	Michael Viscosi	926 NE 20th AVE	Fort Lauderdale, FL 33304
MGR	Victoria Annecca	926 NE 20th AVE	Fort Lauderdale, FL 33304

11. E-mail Address: Mickey@Annecca.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: Michael Viscosi Date: 4/6/10 Daytime Phone #: 954-463-2566

Typed or printed name of signing Managing Member/Manager: Michael Viscosi