

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 JUN 25 AM 10:00

DOCUMENT #

L06000118568

1. Limited Liability Company's Name

Global Pack 360 LLC

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

Islandia II

Suite, Apt. #, etc.

Suite 808

City & State

Jensen Beach

Zip

34957

Country

USA

3. Mailing Office Address

Islandia II

Suite, Apt. #, etc.

Suite 808

City & State

Jensen Beach

Zip

34957

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

12/12/2006

6. FEI Number

11-3678220

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

James Hill

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

Islandia II

Suite, Apt. #, Etc.

Suite # 808

City

Jensen Beach

State

FL

Zip Code

34957

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 **6/21/10**

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 Owner	James Hill	See Above	See Above

REINSTATEMENT 2007-2010

11. E-mail Address: **jhillman@yahoo.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

Date **6/21/10**

Daytime Phone # **734-755-0727**

Typed or printed name of signing Managing Member/Manager **JAMES HILL**

RECEIVED JUN 28 2010