

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2013 JAN -7 AM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name  
L08-00000-3498  
L&S Packaging, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 5716 Willow Creek Lane		3. Mailing Office Address 5716 Willo Creek Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL.		City & State Delray Beach, FL	
Zip 33484	Country USA	Zip 33484	Country USA

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 1/8/08	
6. FEI Number 11-383225	Applied For 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  
Edwin I. Stoltz

Street Address (P.O. Box Number is Not Acceptable)  
5716 Willow Creek lane

Suite, Apt. #, Etc.

City  
Delray Beach

State  
FL

Zip Code  
33484

Edwin I. Stoltz

E-mail Address:  
000243398140  
01/07/13--01050--025 \*\*516.25  
l.spackaging@yahoo.com  
(To be used for future annual report notices)

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 *Edwin I. Stoltz* Date 1/4/13  
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
President	Jack N. Leitman	901 SW 128th Ave.	Pembroke Pines, FL., 33027
VP	Edwin I. Stoltz	5716 Willow Creek Lane	Delray Beach, FL., 33484

**REINSTATEMENT**

11-13

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Edwin I. Stoltz* Date 1/4/13 Daytime Phone # (561) 350-4498

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_