PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 JAN -30 PM 6:42

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

RA 2017-2018

DOCUMENT # L12000030608

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01/30/18--01023--017 **238.75

CR2E041 (1/14)

1. Limited Liability Company's Name
FLOPI, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2721 EXECUTIVE PARK DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 4	
City & State	City & State
WESTON, FL	
Zip / Country	Zip / Country
33331 / USA	

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 3/2/12

6. FEI Number
33-1223569
☐ 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
SALVER & COOK, LLP

Street Address (P.O. Box Number is Not Acceptable) Suite,
2721 EXECUTIVE PARK DRIVE

Apt. #, Etc.
SUITE 4

City / State / Zip Code
WESTON / FL / 33331

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent X [signature] Date X 1/26/18

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	TEPERINO PEREZ, MARIA ELVIRA	2721 EXECUTIVE PARK DR., SUITE 4	WESTON, FL 33331
MGR	Pascual Batista, Enrique Fernando	2721 EXECUTIVE PARK DR., SUITE 4	WESTON, FL 33331

11. E-mail Address K.LAX@PSCCPAS.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0112, 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 authorized representative/member X [signature] Date X 01/25/18 Daytime Phone # X 0019899255591

Typed or printed name of signing authorized representative/member X ENRIQUE PASCUAL

K. ASHTON