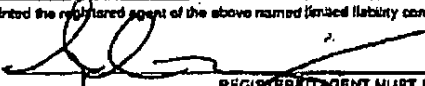
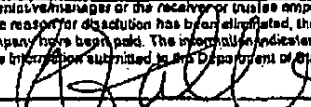


FILED

15 JAN 20 PM 9:34

CLERK OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L13000105562					
1. Limited Liability Company's Name LW Holdings LLC					
2. Principal Office Address - No P.O. Box # 1111 Brickell Avenue			3. Mailing Office Address		
Suite, Apt. #, etc. Suite 1117			Suite, Apt. #, etc.		
City & State Miami			City & State Florida		
Zip 33131	Country USA	Zip 33131	Country USA	4. State/Country of Formation Florida USA	
5. Date Organized or Qualified To Do Business in Florida July 23, 2013					
6. FEI Number 46-3264782				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 CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation, FL 33324			State FL	Zip Code	
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 			Angel Nunez Assistant Secretary		Date 1/20/15
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	Carlos Zalles	1111 Brickell Avenue, Suite 1117		Miami, FL 33131	
REINSTATEMENT					
2014-2015					
11. E-mail Address: czalles@lwholdingsllc.net (To be used for future arrival report notifications)					
12. I certify that I am an authorized representative/manager of 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 requirements of section 605.0012, 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 to this Department of State constitutes a third degree felony as provided in s. 817.136, F.S.					
Signature of Authorized Representative/Manager 			Date 1/18/2014 Daytime Phone #		
Typed or printed name of signing Authorized Representative/Manager Carlos Zalles					

JAN 20 2015

MR. WILLIAMS

Division of Corporations

Page 1 of 2

**Florida Department of State
Division of Corporations
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**LIMITED LIABILITY REINSTATEMENT
LW HOLDINGS LLC**

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